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Fill in this information to identify your o	case:	
United States Bankruptcy Court for the: DISTRICT OF MINNESOTA		
Case number (if known):	Chapter you are filing under: ✓ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13	☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):	
1.	Your full name			
	Write the name that is on your government-issued picture	John First Name	Wendi First Name	
	identification (for example, your driver's license or passport).	Neal Middle Name	Kay Middle Name	
	pacoporty.	Eiden	Eiden	
	Bring your picture identification to your meeting	Last Name	Last Name	
	with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)	
2.	All other names you			
	have used in the last 8 years	First Name	First Name	
	Include your married or	Middle Name	Middle Name	
	maiden names.	Last Name	Last Name	
3.	Only the last 4 digits of your Social Security	xxx - xx - <u>6</u> <u>9</u> <u>3</u> <u>9</u>	xxx - xx - <u>9</u> <u>3</u> <u>2</u> <u>1</u>	
	number or federal Individual Taxpayer	OR	OR	
	Identification number (ITIN)	9xx - xx	9xx - xx	

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Debtor 1 John Neal Eiden Debtor 2 Wendi Kay Eiden					Case number (if known)		
			About Debtor 1	:	About Debtor 2 (Sp	oouse Only in a Joint Case):	
4.	-	usiness names	☑ I have not u	used any business names or EINs	s. I have not used	d any business names or EINs.	
		mployer ication Numbers			Coffee on the Riv	ver, LLC	
		ou have used in st 8 years	Business name		Business name		
	Include	e trade names and	Business name		Business name		
aoing		business as names	Business name		Business name		
			EIN		EIN		
			EIN		EIN — — —		
5.	Where	you live			If Debtor 2 lives at	a different address:	
			11927 230th S	St	Niverbox Ctroot		
			Number Street		Number Street		
			Silver Lake	MN 55381			
			City	State ZIP Code	City	State ZIP Code	
			McLeod County		County		
			the one above,	address is different from fill it in here. Note that the any notices to you at this	from yours, fill it in	g address is different here. Note that the court s to you at this mailing	
			Number Street		Number Street		
			P.O. Box		P.O. Box		
			City	State ZIP Code	City	State ZIP Code	
6.		ou are choosing	Check one:		Check one:		
	this di bankrı	strict to file for uptcy	petition, I h	ast 180 days before filing this cave lived in this district longer other district.	<u> </u>	80 days before filing this lived in this district longer er district.	
				ther reason. Explain. S.C. § 1408.)	I have another (See 28 U.S.C.	reason. Explain. § 1408.)	
P	art 2:	Tell the Court Al	bout Your Bank	ruptcy Case			
		napter of the uptcy Code you	*	a brief description of each, see No orm 2010)). Also, go to the top of		- ','	
	are ch under	oosing to file	☑ Chapter 7				
			Chapter 11				
			Chapter 12				
			☐ Chapter 13				

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	otor 1 John Neal Eiden otor 2 Wendi Kay Eide		Case number (if known)						
8.	How you will pay the fee		court for more deta pay with cash, cas	ails about how you ma shier's check, or money	y pay. Typically, if your order. If your attorn	eck with the clerk's office ou are paying the fee you ley is submitting your pay a pre-printed address.	rself, you may		
				fee in installments. I The Filing Fee in Insta		ion, sign and attach the An 103A).	Application for		
			By law, a judge mathan 150% of the offee in installments	ay, but is not required to official poverty line that	to, waive your fee, an t applies to your fami ption, you must fill ou	on only if you are filing for and may do so only if your ly size and you are unabl at the Application to Have etition.	income is less le to pay the		
9.	Have you filed for bankruptcy within the		No						
	last 8 years?		Yes.						
		Dist	rict		When	Case number			
		Dist	rict						
		Disti			MM / D	Case number			
		Dist	rict		When	Case number			
10.	Are any bankruptcy cases pending or being		No		······ , 5	.571111			
	filed by a spouse who is		Yes.						
	not filing this case with you, or by a business	Deb	tor		F	Relationship to you			
	partner, or by an affiliate?	Dist	rict		When	Case number, if known			
		Deb	tor		F	Relationship to you			
		Dist	rict		When MM/D	Case number, if known			
11.	Do you rent your residence?		No. Go to line 1 Yes. Has your la	2. ndlord obtained an evi	ction judgment again	st you?			
			Yes. F	o to line 12. Fill out Initial Statemen e it as part of this bank		udgment Against You (Fo	orm 101A)		

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		ohn Neal Eiden 'endi Kay Eiden				Case nu	umber (if known) _		
Pa	art 3:	Report About Ar	ıy Bı	ısine	sses You Own as a	a Sole Proprietor			
12.	-	sole proprietor - or part-time ?			Go to Part 4. Name and location of b	usiness			
	business y individual, separate l	prietorship is a you operate as an and is not a egal entity such as ion, partnership, or			Name of business, if any Number Street				
	sole propr	e more than one letorship, use a heet and attach it tion.			Health Care Busi Single Asset Rea Stockbroker (as of	box to describe your but ness (as defined in 11 U Il Estate (as defined in 1 defined in 11 U.S.C. § 10 er (as defined in 11 U.S. e	J.S.C. § 101(27A)) 1 U.S.C. § 101(51E 01(53A))	ZIP Co	ode
13.	3. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?		can mos or if	set ap st rece any of	opropriate deadlines. If you to be a lance sheet, staten f these documents do no	the court must know whyou indicate that you are nent of operations, cashot exist, follow the process.	e a small business of a statement, an	debtor, you d federal ir	nust attach your ncome tax return
		nition of small debtor, see		No.	I am not filing under C I am filing under Chap the Bankruptcy Code.	ter 11, but I am NOT a s	mall business debt	or accordin	ng to the definition in
		§ 101(51D).		Yes.	I am filing under Chap Bankruptcy Code.	ter 11 and I am a small I	business debtor ac	cording to	the definition in the
P	art 4:	Report If You Ov	vn o	r Hav	e Any Hazardous I	Property or Any Pr	operty That Ne	eds Imn	nediate Attention
4 .	property to alleged to imminent	vn or have any hat poses or is pose a threat of and identifiable public health or		No Yes.	What is the hazard?				
	safety? C	or do you own erty that needs e attention?			If immediate attention	is needed, why is it need	ded?		
	perishable livestock t	ole, do you own goods, or hat must be fed, or that needs urgent			Where is the property?	Number Street			
						City		State	ZIP Code

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		John Neal I Wendi Kay			Case number (if kno	own)	
Р	art 5:	Explain \	our Efforts to Re	eceive a Briefing About Credi	t Counseling		
15.	Tell the	r you	About Debtor 1: You must check one		You must check on		
t c	briefing credit counse		counseling ager	fing from an approved credit ncy within the 180 days before I ptcy petition, and I received a npletion.	counseling age	efing from an approved credit ncy within the 180 days before I uptcy petition, and I received a impletion.	
		requires		the certificate and the payment you developed with the agency.		Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.	
	briefing counseli you file	receive a about credit ing before for tcy. You	counseling ager	fing from an approved credit ncy within the 180 days before I ptcy petition, but I do not have ompletion.	counseling age	efing from an approved credit ncy within the 180 days before I uptcy petition, but I do not have completion.	
	must tru check or	-	•	fter you file this bankruptcy petition, copy of the certificate and payment	•	after you file this bankruptcy petition, copy of the certificate and payment	
	you are it to file.	cannot do so, e not eligible file anyway, urt can s your case, Il lose ver filing fee aid, and your ors can begin ion activities	services from ar unable to obtain days after I mad	ked for credit counseling n approved agency, but was those services during the 7 e my request, and exigent nerit a 30-day temporary	services from a unable to obtain days after I mad	sked for credit counseling n approved agency, but was n those services during the 7 de my request, and exigent merit a 30-day temporary	
	you will whateve you paid creditors		To ask for a 30-d requirement, atta efforts you made were unable to ob	ay temporary waiver of the ch a separate sheet explaining what to obtain the briefing, why you otain it before you filed for what exigent circumstances	To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case. Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.		
			dissatisfied with y	e dismissed if the court is your reasons for not receiving a ou filed for bankruptcy.			
			still receive a brie You must file a co along with a copy	sfied with your reasons, you must befing within 30 days after you file. ertificate from the approved agency, of the payment plan you. If you do not do so, your case d.			
			•	the 30-day deadline is granted only imited to a maximum of 15 days.	•	f the 30-day deadline is granted only limited to a maximum of 15 days.	
			☐ I am not require credit counselin	d to receive a briefing about g because of:	☐ I am not require credit counseli	ed to receive a briefing abouting because of:	
			☐ Incapacity.	I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.	☐ Incapacity.	I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.	
			☐ Disability.	My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.	☐ Disability.	My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.	
			Active duty.	I am currently on active military duty in a military combat zone.	☐ Active duty	I am currently on active military duty in a military combat zone.	

If you believe you are not required to receive a

briefing about credit counseling, you must file a

motion for waiver of credit counseling with the court.

If you believe you are not required to receive a

briefing about credit counseling, you must file a

motion for waiver of credit counseling with the court.

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Debtor 1 John Neal Eiden Wendi Kay Eiden							Case number (i	f know	n)	
P	art 6:	Answer These C	Quest	ions	for	Reporting P	urpos	ses		
16.	What k have?	ind of debts do you	16a		incu No	•	idual pr	sumer debts? Consumer of imarily for a personal, family		re defined in 11 U.S.C. § 101(8) usehold purpose."
			16b		ney No	-	r invest	iness debts? Business del ment or through the operation		e debts that you incurred to obtain e business or investment.
			16c.	. Sta	te th	ne type of debts y	you owe	e that are not consumer or be	usines	s debts.
17.	Are you	u filing under r 7?		No.	Ιε	m not filing unde	er Chap	ter 7. Go to line 18.		
	-	you estimate that after exempt property is		Yes.		•	•	•	-	xempt property is excluded and to distribute to unsecured creditors?
	admini are pai availab	strative expenses d that funds will be le for distribution cured creditors?				No Yes				
18.		any creditors do timate that you		1-49 50-99 100-1 200-9	199			1,000-5,000 5,001-10,000 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000
19.		uch do you te your assets to th?		\$100	,001	00 \$100,000 -\$500,000 -\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20.		uch do you te your liabilities to		\$100	,001	00 \$100,000 -\$500,000 -\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion

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Debtor 1 Debtor 2	John Neal Eiden Wendi Kay Eiden	Case number (if known)	
Part 7:	Sign Below		
For you		I have examined this petition, and I declare under pen and correct.	alty of perjury that the information provided is true
		If I have chosen to file under Chapter 7, I am aware th or 13 of title 11, United States Code. I understand the proceed under Chapter 7.	
		If no attorney represents me and I did not pay or agree fill out this document, I have obtained and read the no	
		I request relief in accordance with the chapter of title 1	1, United States Code, specified in this petition.
		I understand making a false statement, concealing property, or obtaining money or property by fraud i connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 year or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.	
		X /s/ John Neal Eiden	X /s/ Wendi Kay Eiden
		John Neal Eiden, Debtor 1	Wendi Kay Eiden, Debtor 2
		Executed on 10/11/2019	Executed on 10/11/2019

MM / DD / YYYY

MM / DD / YYYY

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Debtor 1 Debtor 2	John Neal Eiden Wendi Kay Eiden	Case number (if known)						
For your at represente	ttorney, if you are ed by one	I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to						
•	not represented by y, you do not need page.	the debtor(s) the notice required by 11 U.S.C certify that I have no knowledge after an inquis incorrect.	C. § 342(b) and, in a case in	which § 707(b)(4)(D) applies,				
		X /s/ Andrew C. Walker Signature of Attorney for Debtor	Date	10/11/2019 MM / DD / YYYY				
		,		ווווין /טט / ווווו				
		Andrew C. Walker						
		Printed name						
		Walker & Walker Law Offices, PLL	С					
		Firm Name						
		4356 Nicollet Ave So						
		Number Street						
		Minneapolis	MN	55409				
		City	State	ZIP Code				
		Contact phone (612) 824-4357	Email address					
		0392525						
		Bar number	State	_				

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Fill in this inf	ormation to ider	ntify your case	and this filing:		
Debtor 1	John	Neal	Eiden		
Design 1	First Name	Middle Name	Last Name		
Debtor 2	Wendi	Kay	Eiden		
(Spouse, if filing)		Middle Name	Last Name		
United States Bar	nkruptcy Court for the	e: DISTRICT OF	MINNESOTA		
Case number (if known)				_	if this is an led filing
Official Form	106A/B				
Schedule A/	B: Property				12/15
Part 1: De: 1. Do you own o	scribe Each Res or have any legal or o Part 2.	sidence, Buildi	mrite your name and case numers, Land, or Other Real E	state You Own or Have	
1.1. 11927 230th St	ere is the property?	Check al	he property? that apply. e-family home	Do not deduct secured clai amount of any secured cla Creditors Who Have Claim	ims on Schedule D: as Secured by Property.
			ex or multi-unit building Iominium or cooperative	Current value of the entire property?	Current value of the portion you own?
Silver Lake	MN 5538	=	ufactured or mobile home	\$270,000.00	\$270,000.00
City State ZIP Code Land Investment property McLeod County Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.					
,		Who has	an interest in the property?	Fee Simple	
	1927 230th St, Silv				
feet of the North Section 17, Tow	et of the North 43	Debt Debt At lea	or 1 only or 2 only or 1 and Debtor 2 only ast one of the debtors and anothe formation you wish to add about identification number:		nunity property
Value from Zillo	w on 9/25/19	F. 25314)			_
2. Add the dolla	r value of the portio	on you own for all	of your entries from Part 1, inc	cluding any	
	•	•	rite that number here	_	\$270,000.00

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Debtor 1 John Neal Eiden Debtor 2 Wendi Kay Eiden			Cas	e number (if known)	
Part 2	Describe	Your Vehicles			
you own t	hat someone else	drives. If you lease	interest in any vehicles, whether they are a vehicle, also report it on Schedule G: Execute vehicles, motorcycles	_	•
	No Yes	actor of opera admity	.s		
3.1. Make: Model:		evrolet balt	Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured clair amount of any secured clair Creditors Who Have Claims	ms on Schedule D: s Secured by Property.
Year:	201	0	Debtor 2 only Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
Approxim	ate mileage:		At least one of the debtors and another	\$1,725.00	\$1,725.00
	evrolet Colbalt		Check if this is community property (see instructions)		
	om NADA Guide	e			
3.2. Make: Model:	=	evrolet	Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured clair amount of any secured clair Creditors Who Have Claims	ms on <i>Schedule D:</i>
Year:	201		Debtor 2 only	Current value of the	Current value of the
Approxim	ate mileage:		Debtor 1 and Debtor 2 only At least one of the debtors and another	entire property? \$7,275.00	portion you own? \$7,275.00
Other info	ormation:		The loads one of the debtors and another	Ψ1,213.00	<u>Ψ1,213.00</u>
2013 Ch	evrolet Equino	x	Check if this is community property (see instructions)		
	om NADA Guid				
Exai			and other recreational vehicles, other vehil watercraft, fishing vessels, snowmobiles, m		
	Yes				
			wn for all of your entries from Part 2, inclu Part 2. Write that number here		\$9,000.00
Part 3	Describe	Your Personal a	and Household Items		
Do you o	wn or have any lo	egal or equitable int	erest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
Exai	sehold goods and mples: Major appli No	_	ns, china, kitchenware		
	Yes. Describe	Usual household	I goods and furnishings		\$4,000.00

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Debt Debt		John Neal Eiden Wendi Kay Eiden Case number (if known))
7.		oles: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanne music collections; electronic devices including cell phones, cameras, media players, games	ers;
	☐ No ☑ Yes	iPhone 7 32gb= \$160 iPhone 6+ 64gb= \$65 (2) Samsung 55" TVs= \$350 DVD player= \$50 PC computer= \$100 3 laptop computers= \$150/ea. Mac mini= \$200	\$1,375.00
8.	Examp	tibles of value oles: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles	
	✓ No ☐ Yes	s. Describe	
9.	Examp	ment for sports and hobbies les: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, sk canoes and kayaks; carpentry tools; musical instruments	is;
	✓ No ☐ Yes	s. Describe	
10.	✓ No	oles: Pistols, rifles, shotguns, ammunition, and related equipment	
11.	Clothe: Examp	les: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
	_	s. Describe Usual wearing apparel	\$1,000.00
12.		es: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches gold, silver	, gems,
	☐ No ✓ Yes	s. Describe See continuation page(s).	\$1,700.00
13.		urm animals ules: Dogs, cats, birds, horses	
	_	s. Describe 2 pet dogs	\$2.00
14.	did not		
		s. Give specific ormation	
15.		e dollar value of all of your entries from Part 3, including any entries for pages you have	\$8,077.00
	attache	ed for Part 3. Write the number here	→ \$8,077.00

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Debtor 1 Debtor 2		John Neal Eiden Wendi Kay Eiden		Case number (if known)			
P	art 4:	Describe Your Fina					
Do	you owr	n or have any legal or equit	able interest in any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.		
16.	Cash Examp	les: Money you have in you petition	wallet, in your home, in a safe deposit box, and	on hand when you file your			
	□ No ✓ Yes			Cash:	\$0.00		
17.	•	0. 0.	ther financial accounts; certificates of deposit; s other similar institutions. If you have multiple ac	-			
	□ No ☑ Yes	S	Institution name:				
	17	7.1. Checking account:	Bremer Bank checking account #2449)	\$20.00		
	17	7.2. Checking account:	First Community Bank checking acco	unt #6995	\$250.00		
	17	7.3. Checking account:	Hiway Federal CU checking account #	#8283-2	\$15.79		
	17	7.4. Savings account:	Bremer Bank savings account #8283-	1	\$5.00		
	17	7.5. Savings account:	Hiway Federal CU savings account		\$5.04		
18.	Example No.		accounts with brokerage firms, money market a	iccounts			
19.	Non-pu		erests in incorporated and unincorporated bu	usinesses, including			
	info	s. Give specific ormation about	of action	0/			
	tne	m Name	of entity:	% of ownership:			

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Debtor 1 Debtor 2		John Neal Eide Wendi Kay Eid		
			Coffee on the River, LLC	
			Accounts Receivable= None \$0 Inventory= Goods and food for sale \$3,900 Business bank acct= Kerndt Bros Bank \$13,058 Equipment= \$11,217 Espresso machine \$4,000 Oven/stove \$668 Freezer \$1,290 Sink \$759 Display case and cart \$1,700 Counter \$1,100 Kitchen dishes and utensils \$1,000 Various decor \$700	
			Assets total \$28,175 Liabilities= FreedomBank secured business loan= \$52,000 Mauss Electric \$3,200 Espresso Services \$3,100 Tri-State Heating \$5,315 Clensel Kernd Bros \$18,720 Liabilities total \$82,335	
			Book value of company -\$54,160 20%	\$0.00
20.	Negotia Non-neg No No No info	able instruments in	ate bonds and other negotiable and non-negotiable instruments clude personal checks, cashiers' checks, promissory notes, and money orders. Its are those you cannot transfer to someone by signing or delivering them.	
21.	Retiren	nent or pension a	ccounts A, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or	
		s. List each count separately.	Type of account: Institution name:	\$34,038.23
	Your sh <i>Exampl</i>		401(k) or similar plan: Fidelity 401(k) repayments deposits you have made so that you may continue service or use from a company vith landlords, prepaid rent, public utilities (electric, gas, water), telecommunications	ψ34,030.23
23.	Annuiti No		Institution name or individual: a specific periodic payment of money to you, either for life or for a number of years) Issuer name and description:	

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or 2 Wendi Kay Eiden	Case number (if	known)			
	state tuition pro	ogram.			
✓ No Yes Institu	ution name and description. Separately file the records of any inte	rests. 11 U.S.C.	. § 521(c)		
✓ No ☐ Yes. Give specific information about them					
✓ No ☐ Yes. Give specific information about them					
	-	rofessional licen	ses		
✓ No ☐ Yes. Give specific information about them					
ey or property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.		
Tax refunds owed to you					
No✓ Yes. Give specific informatio	Federal: Debtors do not anticipate receiving a 2019	Federa	s 0.00		
		State:	\$0.00		
and the tax years	State: Debtors do not anticipate receiving a 2019 MN refund as they owe for 2018. Amt: \$0.00	\$0.00			
	State: Debtors do not qualify for 2018 or 2019 MN property tax refund. Amt: \$0.00				
	alimony, spousal support, child support, maintenance, divorce se	ttlement, propert	y settlement		
<u> </u>	n Ali	mony:			
	Ma	aintenance:			
	Su	ipport:			
	Di	vorce settlement	:		
	Pr	operty settlemen	t:		
30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else					
No✓ Yes. Give specific informatio	Weekly unemployment		\$717.00		
	26 U.S.C. §§ 530(b)(1), 529A(b), a No Yes	Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No Yes Institution name and description. Separately file the records of any interrusts, equitable or future interests in property (other than anything listed in line 1), and right powers exercisable for your benefit No Yes. Give specific information about them Patents, copyrights, trademarks, trade secrets, and other intellectual property; Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No Yes. Give specific information about them Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, p No Yes. Give specific information about them ey or property owed to you? Tax refunds owed to you? Tax refunds owed to you? Tax refunds owed to you No State: Debtors do not anticipate receiving a 2019 MN refund as they owe for 2018. Amt: \$0.00 State: Debtors do not qualify for 2018 or 2019 MN refund as they owe for 2018. Amt: \$0.00 State: Debtors do not qualify for 2018 or 2019 MN property tax refund. Amt: \$0.00 Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce see the support of t	Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition pro 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No		

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Deb		John Neal Wendi Kay				_ Case number (if k	known)	
31.	Example No Yes.	s in insurances: Health, di Name the inpany of each list its value.	nsurance	insurance; health sa ompany name:	vings account (HSA);	credit, homeowner's, or Beneficiary:		nce urrender or refund value:
32.	If you are entitled to	e the benefic to receive pro	iary of a living	e you from someon trust, expect procee someone has died		e policy, or are currently	y	
33.	Example No	es: Accidents	•	•	e filed a lawsuit or ma	ade a demand for payı	ment	
34.	rights to	set off clair	•	I claims of every na	ature, including coun	terclaims of the debto	r and	
35.	✓ No		s you did not a	Iready list				
36.						es for pages you have	→	\$35,051.06
Pa	art 5: [Describe A	Any Busines	ss-Related Prop	erty You Own or	Have an Interest I	n. List any	real estate in Part 1.
37.	✓ No.	own or have Go to Part 6 . Go to line 3		equitable interest ir	n any business-relate	d property?		Current value of the portion you own? Do not deduct secured
38.	Accoun	ts receivable	e or commissi	ons you already ea	rned			claims or exemptions.
	✓ No ☐ Yes.	. Describe						
39.	Example	es: Business	urnishings, and related compu- lairs, electronic	ters, software, mode	ems, printers, copiers,	fax machines, rugs, tel	ephones,	
	سنا	Describe						
40.		ery, fixtures,	equipment, s	upplies you use in	business, and tools	of your trade		
	✓ No ☐ Yes.	. Describe						

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	btor 1 John Neal Eiden btor 2 Wendi Kay Eiden Case number (if known)	
41.	Inventory	
	✓ No ☐ Yes. Describe]
42.	Interests in partnerships or joint ventures	_
	✓ No ☐ Yes. Describe Name of entity: % of ownership:	
43.	Customer lists, mailing lists, or other compilations	
	 ✓ No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? 	¬
	Yes. Describe	
44.	Any business-related property you did not already list	
	✓ No☐ Yes. Give specific information.	
45.	Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here	\$0.00
46.	art 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have a lf you own or have an interest in farmland, list it in Part 1. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?	an Interest In.
70.	✓ No. Go to Part 7. ✓ Yes. Go to line 47.	
47.		Current value of the portion you own? Do not deduct secured claims or exemptions
	Farm animals Fyamples: Livestock, poultry, farm-raised fish	portion you own?
	Farm animals Examples: Livestock, poultry, farm-raised fish ✓ No	portion you own? Do not deduct secured
	Examples: Livestock, poultry, farm-raised fish	portion you own? Do not deduct secured
48.	Examples: Livestock, poultry, farm-raised fish ✓ No ☐ Yes	portion you own? Do not deduct secured
48.	Examples: Livestock, poultry, farm-raised fish No Yes Cropseither growing or harvested No Yes. Give specific	portion you own? Do not deduct secured
	Examples: Livestock, poultry, farm-raised fish ✓ No ☐ Yes Cropseither growing or harvested ✓ No	portion you own? Do not deduct secured
	Examples: Livestock, poultry, farm-raised fish No Yes Cropseither growing or harvested No Yes. Give specific information	portion you own? Do not deduct secured
	Examples: Livestock, poultry, farm-raised fish No Yes Cropseither growing or harvested No Yes. Give specific information	portion you own? Do not deduct secured
49.	Examples: Livestock, poultry, farm-raised fish No Yes Cropseither growing or harvested No Yes. Give specific information	portion you own? Do not deduct secured
49.	Examples: Livestock, poultry, farm-raised fish No Yes Cropseither growing or harvested No Yes. Give specific information	portion you own? Do not deduct secured

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	tor 1 John Neal Eiden tor 2 Wendi Kay Eiden	Case nu	ımber (if known)						
51.	Any farm- and commercial fishing-related property you did not								
	✓ No Yes. Give specific information								
52.	2. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here								
Pa	art 7: Describe All Property You Own or Have an In	terest in That You D	oid Not List Abov	/e					
53.	Do you have other property of any kind you did not already list Examples: Season tickets, country club membership	1?							
	✓ No✓ Yes. Give specific information.								
54.	Add the dollar value of all of your entries from Part 7. Write the	at number here	.	\$0.00					
Pa	art 8: List the Totals of Each Part of this Form								
55.	Part 1: Total real estate, line 2			\$270,000.00					
56.	Part 2: Total vehicles, line 5	\$9,000.00							
57.	Part 3: Total personal and household items, line 15	\$8,077.00							
58.	Part 4: Total financial assets, line 36	\$35,051.06							
59.	Part 5: Total business-related property, line 45	\$0.00							
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00							
61.	Part 7: Total other property not listed, line 54	<u>\$0.00</u>							
62.	Total personal property. Add lines 56 through 61	\$52,128.06	Copy personal property total	+ \$52,128.06					
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$322,128.06					

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Debtor 1 Debtor 2	John Neal Eiden Wendi Kay Eiden	Case number (if known)	
12. <u>Jewe</u> l	ry (details):		
14kt	gold wedding band		\$400.00
Ordir	nary costume jewelry		\$500.00
14kt	gold wedding ring with .1d sapphire		\$800.00

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Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional page write your name and case number (if known). For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so its ot state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount. Part 1: Identify the Property You Claim as Exempt 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below. Brief description of the property and line on Schedule A/B that lists this property Current value of the portion you exemption of the property and line on Schedule A/B that lists this property Specific laws that allow exemption exemption of the Property of the North 436 feet of the North 436 feet of the Northwest Quarter of Section 17, Township 117 North, Range 28 West, McLeod County, Minnesota.				Document	Paç	ge 19 of 6	88	
Prist Name Middle Name Last Name Meddle Name Last Name Meddle Name Meddle Name Last Name Meddle Name Last	Fill in this info	ormation to ider	ntify your	case:				
Debtor 2 Wendi Kay Eiden (Spouse, if filing) First Name Middle Name Last Name Last Name Last Name Case number Check if this is an amended filing	Debtor 1							
United States Bankruptcy Court for the: DISTRICT OF MINNESOTA Case number (If Known) Official Form 106C Schedule C: The Property You Claim as Exempt Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct informs using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional page write your name and case number (If known). For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemption—such as those for health aids, rights to receive certain benefits, and tax-exempt retrement funds—may be unlimited in dollar amount. However, you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property by determined to exceed that amount, your exemption to a particular dollar amount and the value of the property of the determined to exceed that amount, your exemption to a particular dollar amount and the value of the property of the determined to exceed that amount, your exemptions. 11 U.S.C. § 522(b)(3) You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) You are claiming state and rederal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) Copy the value from Check only one box for each exemption: Homestead at 11927 230th St, Silver Lake, MN 55381 Legally described as Homestead at 11927 230th St, Silver Lake, MN 55381 Legally described as Homestead at 11927 230th St, Silver Lake, MN 55381 Legally described as Homestead at 11927 230th St, Silver Lake, MR 15		Wendi	Kay	Eiden				
Case number (if known) Official Form 106C Schedule C: The Property You Claim as Exempt De as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information before the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If you needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pag write your name and case number (if known). For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption on would be limited to the applicable statutory amount. Part ! Identify the Property You Claim as Exempt 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filling with you. You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below. Brief description: Current value of the property of the property and line on Schedule A/B that lists this property Current value from Check only one box for each exemption. Copy the value from Check only one box for each exemption. Schedule A/B that lists this property Sound In It U.S.C. § 522(d)(1) 100% of fair market value. You are claiming the								
Official Form 106C Schedule C: The Property You Claim as Exempt Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct informs the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional page write your name and case number (if known). For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount. Part 1: Identify the Property You Claim as Exempt 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filling with you. You are claiming state and federal nonbankruptory exemptions. 11 U.S.C. § 522(b)(2) 2. For any property you list on Schedule A/B that you claim as exempt. Brief description of the property and line on Schedule A/B that visually described as The West 300 feet of the North 436 feet of the Porthy A that lists this property Current value from Schedule A/B that lists this property applicable statutory limit. Brief description: Copy the value from Schedule A/B that gap is a papicable statutory limit. Sound 11 U.S.C. § 522(d)(1) 100% of fair market value from Schedule A/B that you claim as exempt. If I U.S.C. § 520(d)(1) 100%		inkruptcy Court for the	. DISTRIC	T OF MINNESOTA				least 1
Schedule C: The Property You Claim as Exempt Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct informations the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional page write your name and case number (if known). For each item of property you claim as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health alids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimitted in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount. Part 1: Identify the Property You Claim as Exempt 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(2) 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below. Brief description of the property and line on Schedule A/B that you claim as exempt, fill in the information below. Brief description: Homestead at 11927 230th St, Silver Lake, MN 55381 Legally described as The West 300 feet of the North 436 feet of the North 436 feet of the Northwest Quarter of Section 17, Township 117 North, Range 28 West, MCLeod County, Minnesota. Value from Zillow on 9/25/19						-		· ·
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct informal Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional page write your name and case number (if known). For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount. Part 1: Identify the Property You Claim as Exempt 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) You are claiming state and federal monbankruptcy exemptions. 11 U.S.C. § 522(b)(3) You are claiming tate and federal exemptions. 11 U.S.C. § 522(b)(2) 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below. Brief description: Current value of the property and line on Schedule A/B that lists this property Check only one box for each exemption Schedule A/B that lists this property You are claiming federal exemptions. 11 U.S.C. § 520(b)(1) You are claiming federal exemptions. 11 U.S.C. § 50.00 You fair market value of the property and line on Schedule	Official Form	106C						
Using the property you listed on Schedule A/B: Property (Official Form 108A/B) as your source, list the property that you claim as exempt. If space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional page write your name and case number (if known). For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount. Part 1: Identify the Property You Claim as Exempt 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filling with you. You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(2) 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below. Brief description of the property and line on Schedule A/B that property you list on Schedule A/B that property you list on Schedule A/B that you claim as exemption Copy the value from Schedule A/B that property on any applicable statutory limit Brief description: Homestead at 11927 230th St, Silver Lake, MN 55381 Legally described as The West 300 feet of the North 436 feet of the Northwest Quarter of Section 17, Township 117 North, Range 28 West, McLeod County, Minnesota. Value from Zillow on 9/25/19	Schedule C:	The Property	y You Cl	laim as Exemp	ot			04/1
is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount. Part 1: Identify the Property You Claim as Exempt 1. Which set of exemptions are you claiming?	Using the property space is needed, fill write your name and	you listed on Schedull out and attach to the discussion discussion of the discussion	ule A/B: Prop is page as m own).	perty (Official Form 100 nany copies of Part 2	6A/B) 2: Ad) as your sour Iditional Page	ce, list the	e property that you claim as exempt. If mor ssary. On the top of any additional pages,
1. Which set of exemptions are you claiming? You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below. Brief description of the property and line on Schedule A/B that lists this property Current value of the portion you own Copy the value from Schedule A/B what lists this property Brief description: Copy the value from Schedule A/B Copy the value from Schedule A/B Copy the value from Schedule A/B Specific laws that allow exemption Check only one box for each exemption 11 U.S.C. § 522(d)(1) Brief description: Whomestead at 11927 230th St, Silver Lake, MN 55381 Legally described as The West 300 feet of the North 436 feet of the Northwest Quarter of Section 17, Township 117 North, Range 28 West, McLeod County, Minnesota. Value from Zillow on 9/25/19	is to state a specific exempted up to the receive certain between ption of 100%	fic dollar amount as he amount of any ap nefits, and tax-exen % of fair market valu	exempt. Al plicable star pt retireme le under a la	Iternatively, you may tutory limit. Some ex ent fundsmay be unl aw that limits the exe	clair kemp limite empti	m the full fair otionssuch a ed in dollar ar on to a partic	market vas those the mount. He	value of the property being for health aids, rights to lowever, if you claim an ar amount and the value of the
Tou are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below. Brief description of the property and line on Schedule A/B that lists this property Current value of the portion you own Copy the value from Schedule A/B that lists this property Brief description: Homestead at 11927 230th St, Silver Lake, MN 55381 Legally described as The West 300 feet of the North 436 feet of the Northwest Quarter of Section 17, Township 117 North, Range 28 West, McLeod County, Minnesota. Value from Zillow on 9/25/19	Part 1: Ide	ntify the Proper	ty You Cla	aim as Exempt				
You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below. Brief description of the property and line on Schedule A/B that lists this property Current value of the portion you own Copy the value from Schedule A/B Check only one box for each exemption Check only one box for each exemption Property Specific laws that allow exemption Check only one box for each exemption Schedule A/B Specific laws that allow exemption 11 U.S.C. § 522(d)(1) Brief description: Homestead at 11927 230th St, Silver Lake, MN 55381 Legally described as The West 300 feet of the North 436 feet of the Northwest Quarter of Section 17, Township 117 North, Range 28 West, McLeod County, Minnesota. Value from Zillow on 9/25/19	1. Which set of	exemptions are you	claiming?	Check one only,	even	if your spous	e is filing	with you.
Brief description of the property and line on Schedule A/B that lists this property Brief description: Copy the value from Schedule A/B Homestead at 11927 230th St, Silver Lake, MN 55381 Legally described as The West 300 feet of the North 436 feet of the Northwest Quarter of Section 17, Township 117 North, Range 28 West, McLeod County, Minnesota. Current value of the portion you own Copy the value from Schedule A/B \$270,000.00 \$270,000.00 \$30.00 100% of fair market value, up to any applicable statutory limit 11 U.S.C. § 522(d)(1) Value from Zillow on 9/25/19	=	-			11 U.	.S.C. § 522(b)	(3)	
Schedule A/B that lists this property the portion you own Copy the value from Schedule A/B Brief description: Homestead at 11927 230th St, Silver Lake, MN 55381 Legally described as The West 300 feet of the North 436 feet of the Northwest Quarter of Section 17, Township 117 North, Range 28 West, McLeod County, Minnesota. The West 300 feet of the North 436 feet of the North Range 28 West, McLeod County, Minnesota. The West 300 feet of the North Range 28 West, McLeod County, Minnesota. The West 300 feet of the North Range 28 West, McLeod County, Minnesota.	2. For any prope	erty you list on <i>Sch</i>	edule A/B th	nat you claim as exer	npt, f	fill in the info	rmation I	pelow.
Brief description: Homestead at 11927 230th St, Silver Lake, MN 55381 Legally described as The West 300 feet of the North 436 feet of the Northwest Quarter of Section 17, Township 117 North, Range 28 West, McLeod County, Minnesota. Schedule A/B \$270,000.00 \$\frac{\frac{\colored{\	•		line on	the portion you			claim	Specific laws that allow exemption
Homestead at 11927 230th St, Silver Lake, MN 55381 Legally described as The West 300 feet of the North 436 feet of the Northwest Quarter of Section 17, Township 117 North, Range 28 West, McLeod County, Minnesota. Value from Zillow on 9/25/19						-	oox for	
	Homestead at 17 MN 55381 Legally describe The West 300 fethe Northwest Q Township 117 N	ed as et of the North 43 Quarter of Section orth, Range 28 W	6 feet of 17,	\$270,000.00		100% of fair value, up to applicable st	market	11 U.S.C. § 522(d)(1)
Line from Schedule A/B:1.1	Line from Schedule	e A/B:1.1						

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

☑ No

Yes.	Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
	No
	Yes

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Debtor 1 John Neal Eiden Debtor 2 Wendi Kay Eiden Case number (if known) Part 2: **Additional Page** Brief description of the property and line on Current value of Amount of the Specific laws that allow exemption Schedule A/B that lists this property the portion you exemption you claim own Copy the value from Check only one box for Schedule A/B each exemption Brief description: \$1,725.00 \$1,725.00 11 U.S.C. § 522(d)(5) $\overline{\mathbf{Q}}$ 2010 Chevrolet Colbalt 100% of fair market value, up to any Value from NADA Guide applicable statutory limit Line from Schedule A/B: 3.1 Brief description: \$7,275.00 \$4,000.00 11 U.S.C. § 522(d)(2) $\overline{\mathbf{V}}$ 2013 Chevrolet Equinox 100% of fair market value, up to any applicable statutory Value from NADA Guide (1st exemption claimed for this asset) limit Line from Schedule A/B: 3.2 Brief description: \$7,275.00 \$3,275.00 11 U.S.C. § 522(d)(5) $\sqrt{}$ 2013 Chevrolet Equinox 100% of fair market value, up to any Value from NADA Guide applicable statutory limit (2nd exemption claimed for this asset) Line from Schedule A/B: 3.2 \$4,000.00 Brief description: \$4,000.00 $\overline{\mathbf{A}}$ 11 U.S.C. § 522(d)(3) Usual household goods and furnishings 100% of fair market value, up to any Line from Schedule A/B: 6 applicable statutory limit Brief description: \$1,375.00 \$350.00 11 U.S.C. § 522(d)(3) ablaiPhone 7 32gb= \$160 100% of fair market iPhone 6+ 64gb= \$65 value, up to any applicable statutory (2) Samsung 55" TVs= \$350 limit DVD player= \$50 PC computer= \$100 3 laptop computers= \$150/ea. Mac mini= \$200 (1st exemption claimed for this asset) Line from Schedule A/B: 7 Brief description: \$1,375.00 \$1,025.00 11 U.S.C. § 522(d)(5) $\overline{\mathbf{V}}$ iPhone 7 32gb= \$160 100% of fair market iPhone 6+ 64gb= \$65 value, up to any (2) Samsung 55" TVs= \$350 applicable statutory limit DVD player= \$50 PC computer= \$100 3 laptop computers= \$150/ea. Mac mini= \$200 (2nd exemption claimed for this asset) Line from Schedule A/B: Brief description: \$1,000.00 \$1,000.00 11 U.S.C. § 522(d)(3) **Usual wearing apparel** 100% of fair market value, up to any Line from Schedule A/B: 11 applicable statutory

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Debtor 2 Wendi Kay Eiden Case number (if known) Part 2: **Additional Page** Brief description of the property and line on Current value of Amount of the Specific laws that allow exemption Schedule A/B that lists this property exemption you claim the portion you own Copy the value from Check only one box for Schedule A/B each exemption Brief description: \$400.00 \$400.00 11 U.S.C. § 522(d)(4) $\overline{\mathbf{Q}}$ 14kt gold wedding band 100% of fair market value, up to any Line from Schedule A/B: 12 applicable statutory limit Brief description: 11 U.S.C. § 522(d)(4) \$500.00 \$500.00 \checkmark Ordinary costume jewelry 100% of fair market value, up to any Line from Schedule A/B: 12 applicable statutory limit Brief description: \$800.00 \$800.00 11 U.S.C. § 522(d)(4) $\overline{\mathbf{Q}}$ 14kt gold wedding ring with .1d sapphire 100% of fair market value, up to any Line from Schedule A/B: 12 applicable statutory limit Brief description: \$2.00 \$2.00 11 U.S.C. § 522(d)(5) $\overline{\mathbf{Q}}$ 2 pet dogs 100% of fair market value, up to any Line from Schedule A/B: 13 applicable statutory limit Brief description: \$0.00 \$0.00 11 U.S.C. § 522(d)(5) $\overline{\mathbf{V}}$ No cash on hand 100% of fair market value, up to any Line from Schedule A/B: applicable statutory limit Brief description: \$20.00 $\overline{\mathbf{V}}$ \$20.00 11 U.S.C. § 522(d)(5) Bremer Bank checking account #2449 100% of fair market value, up to any Line from Schedule A/B: 17.1 applicable statutory limit Brief description: \$250.00 \$250.00 11 U.S.C. § 522(d)(5) $oldsymbol{
abla}$ First Community Bank checking account # 100% of fair market 6995 value, up to any applicable statutory Line from Schedule A/B: 17.2 limit Brief description: \$15.79 \$15.79 11 U.S.C. § 522(d)(5) $oldsymbol{
abla}$ Hiway Federal CU checking account # 100% of fair market 8283-2 value, up to any applicable statutory Line from Schedule A/B: 17.3 limit Brief description: \$5.00 11 U.S.C. § 522(d)(5) \$5.00 \mathbf{V} Bremer Bank savings account #8283-1 100% of fair market value, up to any Line from Schedule A/B: 17.4 applicable statutory limit

Debtor 1

John Neal Eiden

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Debtor 1 Debtor 2				Case number (if known)				
Part 2:	Additional Page							
	iption of the property and line on A/B that lists this property	Current value of the portion you own		ount of the mption you claim	Specific laws that allow exemption			
		Copy the value from Schedule A/B		eck only one box for h exemption				
Brief descrip	otion: deral CU savings account	\$5.04	\Box	\$5.04 100% of fair market	11 U.S.C. § 522(d)(5)			
Line from So	chedule A/B: 17.5			value, up to any applicable statutory limit				
Brief descrip		\$0.00	V	\$11,427.09	11 U.S.C. § 522(d)(5)			
Coffee on	the River, LLC			100% of fair market value, up to any				
Inventory= Business \$13,058 Equipmen Espresso Oven/sto Freezer \$ Sink \$755 Display of Counter \$ Kitchen of Various of Assets tot Liabilities= Freedom \$52,000 Mauss El Espresso Tri-State Clensel Management	\$1,290 9 case and cart \$1,700 \$1,100 dishes and utensils \$1,000 decor \$700 tal \$28,175			applicable statutory limit				
	te of company -\$54,160 chedule A/B:19							
-		\$34,038.23		\$34,038.23 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(12)			
-		\$34,038.23		\$0.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 541(c)(2)			

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Debtor 1 Debtor 2	John Neal Eiden Wendi Kay Eiden		Case number	Case number (if known)		
Part 2:	Additional Page					
	ription of the property and line on A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption	
		Copy the value from Schedule A/B		eck only one box for h exemption		
federal ta	iption: do not anticipate receiving a 2019 ax refund as they owe for 2018. Schedule A/B:28	\$0.00		\$0.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)	
MN tax re	iption: do not anticipate receiving a 2019 efund as they owe for 2018. Schedule A/B:28	\$0.00		\$0.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)	
property	iption: do not qualify for 2018 or 2019 MN tax refund. Schedule A/B:28	\$0.00		\$0.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)	
-	ription: nemployment Schedule A/B:30	\$717.00		\$717.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(10)(A)	

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Fill in this info	ormation to identif	y your caso:						
Debtor 1	John N	leal liddle Name	Eiden Last Name					
Debtor 2 (Spouse, if filing)		Kay Iiddle Name	Eiden Last Name					
United States Bar	nkruptcy Court for the: <u>[</u>	DISTRICT OF MIN	INESOTA					
Case number (if known)					Check if this is amended filing			
Official Form	106D							
Schedule D:	Creditors Who	Have Claim	s Secured by	Property		12/15		
correct informatio On the top of any a 1. Do any credit No. Chec Yes. Fill	 No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. ✓ Yes. Fill in all of the information below. 							
2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.					Column B Value of collateral that supports this claim	Column C Unsecured portion If any		
2.1		Describe the pro		\$52,000.00	\$0.00	\$52,000.00		
FreedomBank Creditor's name 201 West Main S Number Street PO Box 9	Street	- Coffee on the						
As of the date you file, the claim is: Check all that apply. Contingent								
		_	•					

Add the dollar value of your entries in Column A on this page. Write that number here:

\$52,000.00

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_				Case number (if known)			
Additional Page After listing any entries on this page, number them sequentially from the previous page.		Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any			
	Describe the property that secures the claim: Homestead at 11927 230th St, Silver Lake, MN 55381	<u>\$281,505.86</u> <u>\$270,000.00</u> <u>\$11,5</u>		\$11,505.86			
TX 75261-9741 State ZIP Code bt? Check one. Debtor 2 only f the debtors and another claim relates ity debt	☐ Contingent ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply. ☑ An agreement you made (such as	s mortgage or secured	car loan)				
f	TX 75261-9741 State ZIP Code bt? Check one. Debtor 2 only the debtors and another claim relates	As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, must be debtors and another claim relates Claim relates Silver Lake, MN 55381 As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. Statutory lien (such as tax lien, must be debtors and another of lien from a lawsuit) Other (including a right to offset) Fee Simple	As of the date you file, the claim is: Check all that apply. TX 75261-9741 State ZIP Code bt? Check one. Debtor 2 only I the debtors and another claim relates Claim relates Silver Lake, MN 55381 As of the date you file, the claim is: Check all that apply. Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Fee Simple	Silver Lake, MN 55381 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Fee Simple			

Add the dollar value of your entries in Column A on this page. Write that number here:

\$281,505.86

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$333,505.86

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Fill in this info	ormation to i	dentify your c	ase:			
Debtor 1	John	Neal	Eiden			
	First Name	Middle Name	Last Name			
Debtor 2	Wendi	Kay	Eiden			
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court fo	r the: DISTRICT	OF MINNESOTA			
Case number (if known)					Check if this is a	an
					amended filing	
Official Form	106E/F					
Schedule F/	F: Creditor	s Who Hav	e Unsecured Claims			12/15
Concadic E/	i . Orcanoi	5 Willo Hav				12/10
on Schedule A/B: Do not include any If more space is not to this page. On the	Property (Offici y creditors with eeded, copy the he top of any ac	al Form 106A/B) partially secured Part you need, f Iditional pages, w	racts or unexpired leases that coul and on Schedule G: Executory Could claims that are listed in Schedule ill it out, number the entries in the virte your name and case number (secured Claims	ntracts and Unexpire D: Creditors Who Hoboxes on the left. At	d Leases (Officia old Claims Secur	I Form 106G). ed by Property.
		y unsecured claii	ms against you?			
No. Go t	o Part 2.					
Yes.						
claim. For each show both price more space is claim, list the	ch claim listed, ic prity and nonprior needed for prior other creditors in	lentify what type o ity amounts. As n ity unsecured clain Part 3.	creditor has more than one priority uf claim it is. If a claim has both priorinuch as possible, list the claims in all ms, fill out the Continuation Page of le instructions for this form in the instructions.	ty and nonpriority amon phabetical order acco Part 1. If more than o	ounts, list that clair	n here and or's name. If
(31	,		Total claim	Priority	Nonpriority
					amount	amount
2.1				\$1,466.65	\$1,466.65	\$0.00
Internal Revenue	e Service			Ψ1,400.00	Ψ1,400.00	Ψ0.00
Priority Creditor's Nam			- Last 4 digits of account number			
PO Box 7346 Number Street			When was the debt incurred?		_	
Number Street			- As of the date you file, the claim	is: Check all that ann	lv	
			Contingent	is. Oncor an mar app	.,.	
Philadelphia	PA	19101-7346	Unliquidated			
City	State	ZIP Code	Disputed			
Who incurred the	debt? Check	one.	Type of PRIORITY unsecured cla	im:		
Debtor 1 only			■ Domestic support obligations			
☐ Debtor 2 only ☐ Debtor 1 and D	ebtor 2 only		Taxes and certain other debts to Claims for death or personal in	, ,	ent	
	the debtors and	another	intoxicated	jury wrille you were		
Check if this c	laim is for a co	nmunity debt	Other. Specify			
Is the claim subject	ct to offset?					
✓ No Yes						
2018						

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Debtor 1 John Neal Eiden Debtor 2 Wendi Kay Eiden		Case number (if known)
Part 2:	List All of Your NONPRIORIT	Y Unsecured Claims
4. List all If a cree type of	es I of your nonpriority unsecured claims ditor has more than one nonpriority unser claim it is. Do not list claims already incl	claims against you? Submit this form to the court with your other schedules. in the alphabetical order of the creditor who holds each claim. cured claim, list the creditor separately for each claim. For each claim listed, identify what uded in Part 1. If more than one creditor holds a particular claim, list the other creditors in unsecured claims, fill out the Continuation Page of Part 2.
Sioux Fall City Who incurr Debtor Debtor Debtor At least Check	s SD 57117 State ZIP Code ed the debt? Check one.	\$2,962.62 Last 4 digits of account number 0 0 7 1 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Consumer debt
Sioux Fall City Who incurr Debtor Debtor At least Check	s SD 57117 State ZIP Code ed the debt? Check one. 1 only	\$1,967.15 Last 4 digits of account number 7 9 4 9 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Consumer debt

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Debtor 1 John Neal Eiden Debtor 2 Wendi Kay Eiden	Case number (if known)			
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page			
After listing any entries on this page, number them sequentially from the previous page. Total claim				
4.3		\$9,996.81		
Bremer Bank NA	Last 4 digits of account number 5 9 9 6			
Nonpriority Creditor's Name 80 S 8th St	When was the debt incurred?			
Number Street	As of the date you file, the claim is: Check all that apply.			
Suite 240 IDS Center	_ Contingent			
Minneapolis, MN 55402 2113	Unliquidated Disputed			
City State ZIP Code	Type of NONPRIORITY unsecured claim:			
Who incurred the debt? Check one.	Student loans			
☐ Debtor 1 only ☐ Debtor 2 only	Obligations arising out of a separation agreement or divorce			
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts			
At least one of the debtors and another	Other. Specify			
Check if this claim is for a community debt	Consumer debt			
Is the claim subject to offset?				
☑ No □ Yes				
4.4		\$3,788.19		
Capital One Bankruptcy Nonpriority Creditor's Name	Last 4 digits of account number9085			
PO Box 30253	When was the debt incurred?			
Number Street Salt Lake City UT 84130 3285	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent			
	Disputed			
City State ZIP Code	Type of NONPRIORITY unsecured claim:			
Who incurred the debt? Check one.	Student loans			
☐ Debtor 1 only ☐ Debtor 2 only	Obligations arising out of a separation agreement or divorce			
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts			
At least one of the debtors and another	Other. Specify			
☐ Check if this claim is for a community debt	Consumer debt			
Is the claim subject to offset?				
☑ No ☐ Yes				
4.5		£2.067.04		
Capital One Bankruptcy	Last 4 digits of account number 9 2 8 1	\$2,067.81		
Nonpriority Creditor's Name	When was the debt incurred?			
PO Box 30253 Number Street	As of the date you file, the claim is: Check all that apply.			
Salt Lake City UT 84130 3285	Contingent			
	Unliquidated			
	Disputed			
City State ZIP Code	Type of NONPRIORITY unsecured claim:			
Who incurred the debt? Check one. Debtor 1 only	Student loans			
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 			
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts			
At least one of the debtors and another	Other. Specify			
Check if this claim is for a community debt	Consumer debt			
Is the claim subject to offset? No				
☐ Yes				

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Debtor 1 John Neal Eiden Debtor 2 Wendi Kay Eiden	Case number (if known)			
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page			
After listing any entries on this page, number them sequentially from the previous page.				
4.6		\$761.16		
Capital One Bankruptcy	_ Last 4 digits of account number _2 _4 _0 _2			
Nonpriority Creditor's Name PO Box 30253	When was the debt incurred?			
Number Street	As of the date you file, the claim is: Check all that apply.			
Salt Lake City UT 84130 3285	☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent			
	Disputed			
City State ZIP Code	Type of NONPRIORITY unsecured claim:			
Who incurred the debt? Check one.	Student loans			
Debtor 1 only	Obligations arising out of a separation agreement or divorce			
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims			
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify			
☐ Check if this claim is for a community debt	Consumer debt			
Is the claim subject to offset?				
☑ No □ Yes				
4.7		\$1,936.54		
CareCredit/Synchrony Bank	Last 4 digits of account number1780_			
Nonpriority Creditor's Name Attn Bankruptcy	When was the debt incurred?			
Number Street PO Box 965061	As of the date you file, the claim is: Check all that apply.			
FO BOX 903001	☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent			
Onlands El 22000 5004	Disputed			
Orlando FL 32896-5061 City State ZIP Code	Type of NONPRIORITY unsecured claim:			
Who incurred the debt? Check one.	Student loans			
☐ Debtor 1 only ☐ Debtor 2 only	Obligations arising out of a separation agreement or divorce			
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts			
At least one of the debtors and another	Other. Specify			
☐ Check if this claim is for a community debt	Consumer debt			
Is the claim subject to offset?				
☑ No □ Yes				
4.8		\$4,450.00		
Citi Cards - Sears Nonpriority Creditor's Name	_ Last 4 digits of account number 1 4 3 9			
PO Box 6286	When was the debt incurred?			
Number Street	As of the date you file, the claim is: Check all that apply. Contingent			
	Unliquidated			
Sioux Falls SD 57117-6286	Disputed			
City State ZIP Code	Type of NONPRIORITY unsecured claim:			
Who incurred the debt? Check one. Debtor 1 only	Student loans			
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 			
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts			
At least one of the debtors and another	Other. Specify			
Check if this claim is for a community debt	Consumer debt			
Is the claim subject to offset? ✓ No				
☐ Yes				

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After fisting any entries on this page, number them sequentially from the provious page. 4.1	Debtor 2 John Neal Eiden Wendi Kay Eiden	Case number (if known)	
State Canal Cana	Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
Last 4 digits of account number		em sequentially from the	Total claim
Nonpriority Crestor's Name PO Box 98873 Number Street Street Contingent	4.9		\$480.00
Nonprotory Creditors Name	Credit One Bank	Last 4 digits of account number 0 4 2 0	
As of the date you flie, the claim is: Check all that apply. Contingent		 	
Last Vegas NV 89193 Objusted Objus		As of the date you file, the claim is: Check all that apply.	
Disputed			
Las Vegas NV 89193 City Check one. Check one. Debtor 1 only Debtor 2 only Debtor 2 only Check if this claim is for a community debt structured the debt? Check if this claim is for a community debt structured the debt? Check if this claim is for a community debt structured the debt? Check if this claim is for a community debt structured the debt? Check if this claim is for a community debt structured the debt? Check if this claim is for a community debt structured the debt? Check if this claim is for a community debt structured the debt? Check if this claim is for a community debt structured the debt? Check if this claim is for a community debt structured the debt? Check if this claim is for a community debt structured the debt? Check if this claim is for a community debt structured the debt of the debtors and another Check if this claim is for a community debt structured the debt of the debtors and another Check if this claim is for a community debt structured the debt of the debtors and another Check if this claim is for a community debt structured the debt of the debtors and another Check if this claim is for a community debt structured the debt of the debtors and another Check if this claim is for a community debt Contingent			
Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 3 and Debtor 3 only Debtor 3 and Debtor 3 only Debtor 3 and Debtor 3 only Debtor 4 and Debtor 5 only Debtor 4 and Debtor 5 only Debtor 4 and Debtor 5 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 6 only Debtor 8 only Debtor 8 only Debtor 9 only Debtor	Las Vegas NV 89193	Disputed	
Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Street Debtor 1 only Debtor 2 only Debtor 1 only Street Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Street Debtor 1 only	,	Type of NONPRIORITY unsecured claim:	
Colligations arising out of a separation agreement or avorce the potential policy of the debtor 2 only Consumer debt	- Deleter A colo	☐ Student loans	
Interview of the debtor and nother Debts to pension or profit-sharing plans, and other similar debts Other. Specify Consumer debt			
At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? Nomber Check if this claim is for a community debt is the claim subject to offset?			
Consumer debt Consumer debt State claim subject to offset? Show	At least one of the debtors and another		
Gentle Dentistry-Central A:10	Check if this claim is for a community debt		
Gentle Dentistry-Central A:10			
State Stat			
Gentile Dentistry-Central Nonpriority Creditor's Name 4100 Shoreline Drive Suite 4 Number Street Spring Park MN 55384 City State ZiP Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Check if this claim is for a community debt is the claim subject to offset? Minimal MN 55103 City State ZiP Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Moniprority Creditor's Name 4.1.11 St. 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Type of NONPRIORITY unsecured claim: Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical services \$5,034.67 Type of NONPRIORITY unsecured claim: When was the debt incurred? As of the date you file, the claim is: Check all that apply. St. Paul MN 55103 City State ZiP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 5 consumer debt Type of NONPRIORITY unsecured claim: Type of NONPRIORITY	Yes		
Gentile Dentistry-Central Nonpriority Creditor's Name 4100 Shoreline Drive Suite 4 Number Street Spring Park MN 55384 City State ZiP Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Check if this claim is for a community debt is the claim subject to offset? Minimal MN 55103 City State ZiP Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Moniprority Creditor's Name 4.1.11 St. 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Type of NONPRIORITY unsecured claim: Type of NONPRIORITY unsecured claim: When was the debt incurred? As of the date you file, the claim is: Check all that apply. Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical services St. Paul MN 55103 City State ZiP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and	410		
Nonpriority Creditor's Name 4/100 Shoreline Drive Suite 4 Number Street			<u>\$131.97</u>
As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed		Last 4 digits of account number	
Spring Park MN 55384 City State ZIP Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? Medical Services Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical services State ZIP Code Who incurred the debt? Check one. Debtor 2 only Debtor 2 only Debtor 2 only Least 4 digits of account number 0 1 1 2 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed \$5,034.67 Type of NONPRIORITY unsecured claim: Student loans Other Specify Medical services \$5,034.67 Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Consumer debt		When was the debt incurred?	
Unliquidated Disputed	Number Street	As of the date you file, the claim is: Check all that apply.	
Disputed Disputed			
Spring Park MN 55384 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Whomber Street State ZIP Code Who incurred the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Whomber Street State ZIP Code Who incurred the debt? State ZIP Code Who incurred the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Whomber Street State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Consumer debt			
Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Nonpriority Creditor's Name 111 Empire Drive Number Street □ Street □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 3 only □ Debtor 4 claim is for a community debt □ Check if this claim is for a community deb	Spring Park MN 55384	Disputed	
Debtor 1 only		Type of NONPRIORITY unsecured claim:	
Debtor 2 only		Student loans	
Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes Last 4 digits of account number 0 1 1 2 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed St. Paul MN 55103 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No No Norpriority Creditor's Name When was the debt incurred? As of the date you file, the claim is: Check all that apply. Type of NoNPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Consumer debt	ㅂ.		
At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes 4.11 No Yes Medical services	E Dalatan A and Dalatan O and a	· · · · · · · · · · · · · · · · · · ·	
Check if this claim is for a community debt Is the claim subject to offset? No			
Is the claim subject to offset? No	Check if this claim is for a community debt		
No			
St. Paul MN 55103 State ZIP Code Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Check if this claim is for a community debt St the claim subject to offset? No State St. State St. State Check one. St. Specify Consumer debt St. Specify Spec	•		
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Hiway Federal Credit Union Nonpriority Creditor's Name 111 Empire Drive Number Street When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No When was the debt incurred? As of the date you file, the claim is: Check all that apply. Type of NONPRIORITY unsecured claim: Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Consumer debt	4.11		\$5,034,67
Number Street	Hiway Federal Credit Union	Last 4 digits of account number 0 1 1 2	
As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	Nonpriority Creditor's Name		
St. Paul MN 55103 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Consumer debt			
St. Paul State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No No No No No No No No N	Number Street	· · · · · · · · · · · · · · · · · · ·	
St. Paul MN 55103 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Disputed Type of NONPRIORITY unsecured claim: Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Consumer debt			
City State ZIP Code Who incurred the debt? Check one. ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☑ No Type of NONPRIORITY unsecured claim: Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Consumer debt	O. D. I	Disputed	
Who incurred the debt? Check one. ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☑ No		Type of NONDBIODITY uncestred claims	
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Consumer debt	,		
□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No	Debtor 1 only		
Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts Other. Specify Consumer debt	Debtor 2 only		
☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☑ No			
Is the claim subject to offset? ✓ No			
☑ No		Consumer debt	
	Is the claim subject to offset?		

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Debtor 1 John Neal Eiden Debtor 2 Wendi Kay Eiden	Case number (if known)			
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page			
After listing any entries on this page, number them sequentially from the previous page.				
4.12		\$5,545.24		
Hiway Federal Credit Union	Last 4 digits of account number 1 9 6 1			
Nonpriority Creditor's Name 111 Empire Drive	When was the debt incurred?			
Number Street	As of the date you file, the claim is: Check all that apply.			
	Contingent			
	☐ Unliquidated ☐ Disputed			
St. Paul MN 55103	_			
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:			
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce			
Debtor 2 only	that you did not report as priority claims			
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts			
	Other. Specify			
Check if this claim is for a community debt	Consumer debt			
Is the claim subject to offset? ✓ No				
☐ Yes				
4.13		\$3,790.32		
Hiway Federal Credit Union	Last 4 digits of account number3143_			
Nonpriority Creditor's Name 111 Empire Drive	When was the debt incurred?			
Number Street	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent			
	— ☐ Disputed			
St. Paul MN 55103 City State ZIP Code	_			
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:			
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce			
Debtor 2 only	that you did not report as priority claims			
Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts			
Check if this claim is for a community debt	✓ Other. Specify			
Is the claim subject to offset?	Consumer debt			
✓ No				
Yes				
4.14				
	Local Additional Community of the Commun	\$9,918.40		
Hutchinson Health Nonpriority Creditor's Name	Last 4 digits of account number5086			
1095 Highway 15 S	When was the debt incurred?			
Number Street	As of the date you file, the claim is: Check all that apply.			
	□ Contingent □ Unliquidated			
Hartakina an MN 55050	Disputed			
Hutchinson MN 55350 City State ZIP Code				
Who incurred the debt? Check one.	Student loans			
Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce			
Debtor 2 only	that you did not report as priority claims			
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts			
Check if this claim is for a community debt	✓ Other. Specify Medical services			
Is the claim subject to offset?	INICUICAI SCI VICCS			
No				
Yes				

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Debtor 2 John Neal Eiden Wendi Kay Eiden	Case number (if known)			
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page			
After listing any entries on this page, number them sequentially from the previous page.				
4.15		\$1,366.18		
Maurices-Capital One	Last 4 digits of account number 7 5 7 9			
Nonpriority Creditor's Name PO Box 30258	When was the debt incurred?			
Number Street	As of the date you file, the claim is: Check all that apply.			
	_ Contingent			
	Unliquidated			
Salt Lake City UT 84130-0258	─			
City State ZIP Code	Type of NONPRIORITY unsecured claim:			
Who incurred the debt? Check one. Debtor 1 only	Student loans			
Debtor 2 only	Obligations arising out of a separation agreement or divorce			
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts			
At least one of the debtors and another	Other. Specify			
☐ Check if this claim is for a community debt	Consumer debt			
Is the claim subject to offset?				
☑ No				
☐ Yes				
4.16		¢04 770 00		
	Last A Parks of account number	\$21,778.30		
Mayo Clinic Nonpriority Creditor's Name	Last 4 digits of account number			
LC-LL-B180 PFS	When was the debt incurred?			
Number Street 200 1st St SW	As of the date you file, the claim is: Check all that apply.			
200 131 01 017	Contingent Unliquidated			
	Disputed			
Rochester MN 55905 City State ZIP Code				
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:			
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce			
Debtor 2 only	that you did not report as priority claims			
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts			
At least one of the debtors and another	☑ Other. Specify			
Check if this claim is for a community debt	Medical services			
Is the claim subject to offset?				
☑ No ☐ Yes				
4.17		\$1,984.09		
MedCredit Financial Services	Last 4 digits of account number 9 9 6 5			
Nonpriority Creditor's Name	When was the debt incurred?			
PO Box 77037 Number Street	As of the date you file, the claim is: Check all that apply.			
	_ Contingent			
	Unliquidated			
Minneapolis MN 55480	Disputed			
City State ZIP Code	Type of NONPRIORITY unsecured claim:			
Who incurred the debt? Check one.	Student loans			
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce			
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims			
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts			
Check if this claim is for a community debt	✓ Other. Specify Medical services			
Is the claim subject to offset?	modical col Floor			
No No				
Yes				

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After listing any entries on this page, number them sequentially from the provious page. 4.13 MenardsCapital One Source of the debt of Source of	Debtor 1 John Neal Eiden Debtor 2 Wendi Kay Eiden	Case number (if known)	
A 18	Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
Last 4 digits of account number 0 4 2 8		em sequentially from the	Total claim
When was the debt incurred? Sate Steel	4.18		\$2,499.00
Sale Lake City UT 84130	Menards/Capital One	Last 4 digits of account number 0 4 2 8	
Salet Lake City		When was the debt incurred?	
Diliquidated Disputed Dispu		As of the date you file, the claim is: Check all that apply.	
Salt Lake City			
Salt Lake City UT 84130 City Survey 27 Code Who incurred the debt 17 Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Noncorrecty Conditions and another Debtor 1 only Debtor 1 and Debtor 3 only Noncorrecty Conditions and another Debtor 1 only Debtor 1 and Debtor 3 only Debtor 1 and Debtor 3 only Noncorrecty Conditions along 1 only Noncorrecty Conditions along 1 only Debtor 1 and Debtor 3 only Noncorrecty Conditions along 1 only Noncorrecty Conditions along 1 only Debtor 1 and Debtor 3 only Debtor 1 and Debtor 3 only Noncorrecty Conditions along 1 only Noncorrecty Conditions along 1 only Debtor 1 and Debtor 3 only Noncorrecty Conditions along 1 only Noncorrecty Conditions along 1 only Debtor 1 and Debtor 3 only Noncorrecty Conditions along 1 only Noncorrecty Conditions along 1 only Noncorrecty Conditions along 1 only Noncorrecty Noncorrecty Conditions along 1 only Noncorrecty Noncorrecty Conditions along 1 only Noncorrecty Noncore			
Who incurred the debt? Check one. Subtor 1 and Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only State Zip Code Minneapolis MN S5414-0730 Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only State Zip Code Debtor 2 only Debtor 1 and Debtor 2 only State Zip Code Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 and 3 a			
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Nonprionty Creditor's Name Debtor 1 only Debtor 2 only Debtor 1 only Nonprionty Creditor's Name Debtor 1 only Debtor 2 only Nonprionty Creditor's Name Debtor 1 only Debtor 2 only Nonprionty Creditor's Name Debtor 1 only Debtor 2 only Nonprionty Creditor's Name Debtor 2 only Debtor 1 only Nonprionty Creditor's Name Debtor 1 only Nonprionty Creditor's Name Nonprionty	,	Type of NONPRIORITY unsecured claim:	
Debtor 2 only	- Dilition 4 and a		
Debtor 1 and Debtor 2 only			
At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? At 20	Debtor 1 and Debtor 2 only	· · · · · · · · · · · · · · · · · · ·	
Is the claim subject to offset? No Yes	ш		
Minnesota Endoscopy Center LLC Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	☐ Check if this claim is for a community debt	Consumer debt	
A 19 State Last 4 digits of account number			
Minnesota Endoscopy Center LLC	브 ,		
Minnesota Endoscopy Center LLC Last 4 digits of account number PO Box 14730 Number Street Student loans Student			
Nonpriority Creditor's Name PO Box 1490s Street S	4.19		\$263.57
Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt is the claim subject to offset? Minneapolis Minneapolis MN	Minnesota Endoscopy Center LLC	Last 4 digits of account number	· · · · · · · · · · · · · · · · · · ·
As of the date you file, the claim is: Check all that apply.	' '	When was the debt incurred?	
Contingent Unliquidated Unliqu		As of the date you file, the claim is: Check all that apply.	
Minneapolis MN 55414-0730 City State ZIP Code Who incurred the debt? Check one. □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes Minnesota Gastroenterology PA Number Street □ Street □ Check one. □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 2 only □ Debtor 3 and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Check if this claim is for a community debt Is the claim subject to offset? □ Check if this claim is for a community debt Is the claim subject to offset? □ Check if this claim is for a community debt Is the claim subject to offset? □ Check if this claim is for a community debt Is the claim subject to offset? □ Check if this claim is for a community debt Is the claim subject to offset? □ Check if this claim is for a community debt Is the claim subject to offset? □ Check if this claim is for a community debt Is the claim subject to offset? □ No		_ Contingent	
Minnesota Gastroenterology PA Nonpriority Creditor's Name PO Box 14909 Number Street Minneapolis MN 55414-0730 Check one. □ Debtor 1 only □ Debtor 2 only □ As of the date you file, the claim is: Check all that apply. Contingent □ Debtor 1 only □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ As of the date you file, the claim is: Check all that apply. Contingent □ Debtor 1 only □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Nonpriority Creditor's Name PO Box 14909 Number Street Minneapolis □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 1 only Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt ls the claim subject to offset? □ Check if this claim is for a community debt ls the claim subject to offset? □ Check if this claim is for a community debt ls the claim subject to offset? □ Check if this claim is for a community debt ls the claim subject to offset? □ Check if this claim is for a community debt ls the claim subject to offset? □ Check if this claim is for a community debt ls the claim subject to offset? □ Check if this claim is for a community debt ls the claim subject to offset? □ Check if this claim is for a community debt ls the claim subject to offset? □ Check if this claim is for a community debt ls the claim subject to offset? □ Check if this claim is for a community debt ls the claim subject to offset? □ Check if t			
City Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ At least one of the debtors and another □ Yes □ Nonpriority Creditor's Name PO Box 14909 Number Street □ Debtor 1 only □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Nonpriority Creditor's Name PO Box 14909 Number Street □ Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 3 only □ Debtor 4 only □ Debtor 5 only □ Debtor 5 only □ Debtor 6 one □ Debtor 6 one □ Debtor 7 only □ Debtor 7 only □ Debtor 8 one □ Debtor 9 only □ Debtor 1 only □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 3 only □ Debtor 4 one □ Debtor 5 only □ Debtor 5 one □ Debtor 6 one □ Debtor 6 one □ Debtor 6 one □ Debtor 7 one □ Debtor 8 one □ Debtor 9 one □ Debtor 9 one □ Debtor 1 only □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 3 one □ Debtor 4 one □ Debtor 5 one □ Debtor 6 one □ Debtor 6 one □ Debtor 7 only □ Debtor 8 one □ Debtor 9 one □ Debtor 1 only □ Debtor 2 only □ Debtor 3 one □ Debtor 4 one □ Debtor 5 one □ Debtor 6 one □ Debtor 6 one □ Debtor 7 only □ Debtor 9 one □ Debtor 1 only	Minneapolis MN 55414-0730	— Disputed	
Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 one of the debtors and another Debtor 4 one of the debtors and another Debtor 2 only Debtor 3 one of the debtors and another Debtor 4 one of the debtors and another Debtor 4 one of the debtors and another Debtor 2 only Debtor 4 one of the debtors and another Debtor 5 one of the debtors and anot	City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Debtor 2 only		Student loans	
Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Nomeroficity Creditor's Name PO Box 14909 Number Street Minneapolis City Medical services Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts Type of NONPRIORITY unsecured claim: Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical services	L 5 1.		
At least one of the debtors and another Check if this claim is for a community debt Steel claim subject to offset? Medical services	L = 1.	· · · · · · · · · · · · · · · · · · ·	
Check if this claim is for a community debt Is the claim subject to offset? No		트 등 내 그 등 기가 되었다.	
Is the claim subject to offset? No	Check if this claim is for a community debt		
Yes	Is the claim subject to offset?		
Minnesota Gastroenterology PA Nonpriority Creditor's Name PO Box 14909 Number Street Minneapolis MN 55414-0829 City Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Mobine At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Minneapolis MN 55414-0829 Type of NONPRIORITY unsecured claim: Type of NONPRIORITY unsecured claim: Minneapolis Type of Nonpriority claims Debtor 1 only Debtor 2 only Medical services Modical services	☑ No		
Minnesota Gastroenterology PA Nonpriority Creditor's Name PO Box 14909 Number Street Minneapolis City State ZIP Code Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Minnesota Gastroenterology PA Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical services	☐ Yes		
Number Street Minneapolis City State ZIP Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? When was the debt incurred? As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Medical services	4.20		\$4.61
Number Street Minneapolis Minneapolis State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Monimeapolis MN 55414-0829 City State ZIP Code Check one. Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical services	Minnesota Gastroenterology PA	Last 4 digits of account number	
As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed		When was the debt incurred?	
Minneapolis City State ZIP Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Medical services Medical services		As of the date you file, the claim is: Check all that apply.	
Minneapolis MN 55414-0829 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? MN 55414-0829 Type of NONPRIORITY unsecured claim: Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical services Medical services			
Minneapolis City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? MN 55414-0829 Type of NONPRIORITY unsecured claim: Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical services Medical services			
Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No			
□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No	,	Type of NONPRIORITY unsecured claim:	
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No			
Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No			
At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No			
☐ Check if this claim is for a community debt Medical services Is the claim subject to offset? No			
☑ No	☐ Check if this claim is for a community debt		
	✓ No □ Yes		

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Debtor 1 John Neal Eiden Debtor 2 Wendi Kay Eiden	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.21		\$1,957.67
Old Navy/Synchrony Bank	Last 4 digits of account number	
Nonpriority Creditor's Name Attn: Bankruptcy Dept.	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 965064	_ Contingent	
	☐ Unliquidated ☐ Disputed	
Orlando FL 32896-5064	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Consumer debt	
Is the claim subject to offset?		
No No		
Yes		
4.22		\$1,072.94
Synchrony Bank/JCP	Last 4 digits of account number 0 5 6 1	Ψ1,072.34
Nonpriority Creditor's Name	When was the debt incurred?	
Attn: Bankruptcy Dept		
Number Street PO Box 965064	As of the date you file, the claim is: Check all that apply. Contingent	
	Unliquidated	
0.1.1	Disputed	
Orlando FL 32896-5064 City State ZIP Code	Time of NONDRIGHTY was a sured alaim.	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☑ Other. Specify	
Check if this claim is for a community debt	Consumer debt	
Is the claim subject to offset? ✓ No		
Yes		
4.23		\$1,992.09
TD Bank USA/Target Credit Card	Last 4 digits of account number 0 7 1 9	
Nonpriority Creditor's Name PO Box 1470	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
Minneapolis, MN	_ Contingent	
	Unliquidated	
	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt		
Is the claim subject to offset?	555dillor dobt	
No		
Yes		

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Debtor 1 Debtor 2	John Neal Eiden Wendi Kay Eiden	Case number (if known)	Case number (if known)		
Part 2:	Part 2: Your NONPRIORITY Unsecured Claims Continuation Page				
After listing previous pa	g any entries on this page, number the age.	m sequentially from the	Total claim \$1,215.00		
Walker & Walker Law Offices, PLLC Nonpriority Creditor's Name 4356 Nicollet Ave So Number Street Minneapolis MN 55409 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes		Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	\$1,213.00		
		Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Attorney Fees			

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Debtor 1 Debtor 2 John Neal Eiden Wendi Kay Eiden List Others to Be Notified About a Debtor 2				Case number (if known)
				out a Debt That You Already Listed
For ex credite debts	ample, if a collect or in Parts 1 or 2,	ion aç then li Parts	gency is trying t ist the collection 1 or 2, list the a	otified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. so collect from you for a debt you owe to someone else, list the original in agency here. Similarly, if you have more than one creditor for any of the dditional creditors here. If you do not have additional parties to be notified for bmit this page.
ARstrat L	LC			On which entry in Part 1 or Part 2 did you list the original creditor?
Name 14141 Southwest Freeway				Line 4.16 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Ste 300	Street			Part 2: Creditors with Nonpriority Unsecured Claims
Sugarland City	-	TX State	77478 ZIP Code	Last 4 digits of account number 7 2 2 5
	covery Corp			On which entry in Part 1 or Part 2 did you list the original creditor?
Name 921 Mains	street, Ste C			Line 4.10 of <i>(Check one)</i> : Part 1: Creditors with Priority Unsecured Claims
	Street			Part 2: Creditors with Nonpriority Unsecured Claims
Hopins		MN	55343	— Last 4 digits of account number
City		State	ZIP Code	

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.16 of (Check one): Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Professional Service Bureau Inc

MN

State

55303-0548

ZIP Code

911 Lund Blvd Number Suite 100

Anoka City

Street

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Debtor 1	John Neal Eiden	
Debtor 2	Wendi Kay Eiden	Case number (if known)

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Add the Amounts for Each Type of Unsecured Claim

				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00
nom runt r	6b.	Taxes and certain other debts you owe the government	6b.	\$1,466.65
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. +	\$0.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$1,466.65
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. +	\$86,964.33
	6j.	Total. Add lines 6f through 6i.	6j.	\$86,964.33

Part 4:

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Fill in this inf	ormation to i	identify your case:					
Debtor 1	John	Neal	Eiden				
200101	First Name	Middle Name	Last Name				
Debtor 2	Wendi	Kay	Eiden				
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States Ba	nkruptcy Court fo	or the: DISTRICT OF I	MINNESOTA				
Case number				☐ Check if this is an			
(if known)				amended filing			
O#: 1 F	4000						
Official Form	106G						
Schedule G	: Executor	y Contracts and	d Unexpired L	eases	12/15		
On the top of any	additional page	s, write your name and	d case number (if kı	it out, number the entries, and attach it to this page. nown).			
•	•	contracts or unexpired					
— <u>—</u>			•	nedules. You have nothing else to report on this form.	D)		
Yes. Fill	in all of the infor	mation below even if the	e contracts or leases	are listed on Schedule A/B: Property (Official Form 106A/	3).		
is for (for exa	List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.						
Person or	company with	whom you have the co	ntract or lease	State what the contract or lease is for			
	\$ Bros, Inc.			business property lease agreement			
Name PO Box 3	370			Contract to be REJECTED			
	Street			-			
				_			

IA State **52151** ZIP Code

Lansing City

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Fill i	n this inf	ormation to	identify your case:				
Debto	or 1	John	Neal	Eiden			
		First Name	Middle Name	Last Name			
Debto (Spou	or 2 ise, if filing)	Wendi First Name	Kay Middle Name	Eiden Last Name			
United	d States Bai	nkruptcy Court f	or the: DISTRICT OF M	INNESOTA			
Case	number					☐ Chack if	this is an
(if kno	own)					amende	
Offici	al Form	1061					
	al Form	Your Cod	lehtors				12/15
	duic II.	Tour ood					12/13
1. Do	you have No Yes	any codebtors		t case, do not list ei	ther spouse as a	codebtor.)	and to wite vice
	clude Arizon	a, California, Id	you lived in a communi aho, Louisiana, Nevada, I		- '		
	Yes. Did		ormer spouse, or legal equ	uivalent live with yo	u at the time?		
pe cre	rson show editor on S	n in line 2 agai chedule D (Off	codebtors. Do not inclunt as a codebtor only if the icial Form 106D), Schedor Schedule G to fill out	nat person is a gua ule E/F (Official Fo	rantor or cosign	er. Make sure you have	e listed the
	Column 1:	Your codebto	r		Colum	n 2: The creditor to wh	om you owe the debt
					Check	all schedules that apply:	
3.1		Wilson-Thomր	oson			chedule D, line 2.1	
	Name 901 North	n Front St					
	Number	Street			— 🗆 s	chedule E/F, line	
						chedule G, line	
	Lansing City		IA State	52151 ZIP Code	Freed	lomBank	
3.2		Ison Thomps	on			chedule D, line	
	Name 901 North Front St						
	Number	Street			ш.	chedule E/F, line	
	Longing		1.4	E24E4		chedule G, line 2.1 rndt \$ Bros, Inc.	<u> </u>
	Lansing		IA	52151		···•	

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Debtor 2	Wendi Kay Eiden			Case number (if known)
	Additional Page to L	st More Code		
Co	olumn 1: Your codebtor			Column 2: The creditor to whom you owe the debt
				Check all schedules that apply:
0.0	ason Brink ame			— Schedule D, line 2.1
	01 North Front St umber Street			Schedule E/F, line
				Schedule G, line
	ansing	IA	52151	FreedomBank
Cit	.y	State	ZIP Code	

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		DOC	umem Page	41 01 00		
Fill in this informa	ation to i	dentify your case:				
	John First Name	Neal Middle Name	Eiden Last Name		eck if this is:	
Debtor 2 (Spouse, if filing)	Wendi First Name	Kay Middle Name	Eiden Last Name		An amended filing	
United States Bankru			F MINNESOTA	🗆	A supplement sho	wing postpetition as of the following date:
Case number (if known)					MM / DD / YYYY	as of the following date.
Official Form 106	SI				WIWI / DD / TTTT	
Schedule I: You	r Incon	пе				12/15
responsible for supplyi include information about your spouse. If n your name and case nu Part 1: Describ	out your sp	ouse. If you are separ is needed, attach a se own). Answer every o	ated and your spous parate sheet to this	e is not filing with	you, do not include	information
 Fill in your employ information. 	ment		Debtor 1		Debtor 2 or non	-filing spouse
If you have more the job, attach a separa with information about	te page out	Employment status	☐ Employed ☐ Not employed		✓ Employed✓ Not employed	ed
additional employer	S.	Occupation	Unemployed		Self-Employed	l
Include part-time, se or self-employed wo	-	Employer's name			Coffee on the	River, LLC
Occupation may inc student or homemal applies.		Employer's address	Number Street		60 S Front St Number Street	
			City	State Zip Code	Lansing City	IA 52151 State Zip Code
		How long employed th		Otate Zip oode	Septemb	•
Part 2: Give De	tails Abo	out Monthly Incom	e			
Estimate monthly incomon-filing spouse unless	ne as of the	e date you file this form		to report for any line	e, write \$0 in the spa	ce. Include your
If you or your non-filing s you need more space, at			er, combine the inform	ation for all employe	ers for that person or	the lines below. If

For Debtor 1 For Debtor 2 or non-filing spouse **List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage \$0.00 \$1,386.00 2. would be. 3. Estimate and list monthly overtime pay. 3. \$0.00 \$0.00 Calculate gross income. Add line 2 + line 3. \$0.00 \$1,386.00

Official Form 106l Schedule I: Your Income page 1

Deb	otor 1 John Neal Eiden				
Deb	otor 2 Wendi Kay Eiden		Case nur	mber (if known)	
			For Debtor 1	For Debtor 2 or non-filing spouse	
	Copy line 4 here	4.	\$0.00	\$1,386.00	
5.	List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions	5a.	\$0.00	\$305.00	
	5b. Mandatory contributions for retirement plans	5b.	\$0.00	\$0.00	
	5c. Voluntary contributions for retirement plans	5c.	\$0.00	\$0.00	
	5d. Required repayments of retirement fund loans	5d.	\$0.00	\$0.00	
	5e. Insurance	5e.	\$0.00	\$0.00	
	5f. Domestic support obligations	5f.	\$0.00	\$0.00	
	5g. Union dues	5g.	\$0.00	\$0.00	
	5h. Other deductions. Specify:	5h. -		\$0.00	
6.	Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f +	6.	\$0.00	\$305.00	
7.	5g + 5h. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$0.00	\$1,081.00	
8.	List all other income regularly received:				
	8a. Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00	\$0.00	
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.				
	8b. Interest and dividends	8b.	\$0.00	\$0.00	
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00	\$0.00	
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.				
	8d. Unemployment compensation	8d.	\$3,105.00	\$0.00	
	8e. Social Security	8e.	\$0.00	\$0.00	
	8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.				
	Specify:	_ 8f.	\$0.00	<u>\$0.00</u>	
	8g. Pension or retirement income	8g.	\$0.00	\$0.00	
	8h. Other monthly income. Specify:	8h. -	- \$0.00	\$0.00	
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$3,105.00	\$0.00	
10.	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.	10.	\$3,105.00	+ \$1,081.00	\$4,186.00
11.	State all other regular contributions to the expenses that you list in Sinclude contributions from an unmarried partner, members of your house friends or relatives.			ır roommates, and othe	r
	Do not include any amounts already included in lines 2-10 or amounts that	at are r	not available to pay e	expenses listed in Sche	dule J.
	Specify:			11. +	\$0.00
12.	Add the amount in the last column of line 10 to the amount in line 11 income. Write that amount on the Summary of Your Assets and Liabilitie if it applies.				\$4,186.00 Combined monthly income
13.	Do you expect an increase or decrease within the year after you file				
	 No. Debtor 2's income reflects what her pay will ✓ Yes. Explain: because the business just opened September 	•	•	t she has not yet be	en paid

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Debtor 1 Debtor 2	John Neal Eiden Wendi Kay Eiden		Case number (if known)	
8a. Attach	ed Statement (Debtor 2)			
		Coffee on the River, I	LLC	
Gross Mo	onthly Income:			\$0.00
Expense		Category	Amount	
Total Mor	nthly Expenses			\$0.00
Net Mont	hly Income:			\$0.00

Official Form 106l Schedule I: Your Income page 3

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G	ill in this inform	ation to ide	ntify yo	ur case:			Observative	rate to	
	Debtor 1	John First Name		eal iddle Name	Eiden Last Na		. —	f this is: amended filling supplement showing	postpetition
	Debtor 2 (Spouse, if filing)	Wendi First Name		ay iddle Name	Eiden Last Na		cha	apter 13 expenses as lowing date:	
	United States Bankr	uptcy Court for	the: DIS	STRICT OF MIN	INESOT	Α	MN	M / DD / YYYY	_
	Case number (if known)								
Of	fficial Form 10	6J					J		
Sc	chedule J: Yo	ur Expen	ses						12/15
naı	rrect information. If me and case numbe	more space is r (if known). A	s needed, Answer ev	attach another		ing together, both ar his form. On the top			
P	art 1: Descri	be Your Hou	usehold						
1.	Is this a joint case	?							
	No	ebtor 2 live in	-		Expenses	s for Separate Housel	nold of De	btor 2.	
2.	Do you have depe		□ No V Yes.	Fill out this inform	mation	Dependent's relation		Dependent's	Does dependent
	Do not list Debtor 1 Debtor 2.	and		ach dependent		Debtor 1 or Debtor	2	age	live with you? ☐ No
	Do not state the de	pendents'				Son		<u>19</u>	Yes
	names.	F				Daughter		16	□ No - 🗹 Yes
						Daughter		15	No Yes
									No Yes No
3.	Do your expenses expenses of peop yourself and your	le other than		No Yes					Yes Yes
P	Part 2: Estima	te Your On	going M	onthly Expen	ses				
to I		of a date after	the bank		-	re using this form as supplemental Sched		-	
	lude expenses paid ch assistance and h		•		•			Your expens	ses
4.	The rental or hom Include first mortga							4.	\$2,096.00
	If not included in	line 4:							
	4a. Real estate ta	xes						4a	
	4b. Property, hom	eowner's, or re	nter's insu	ırance				4b	
	4c. Home mainter	nance, repair, a	and upkee	p expenses				4c	
	4d Homeowner's	association or	condomin	ium duas				4d	

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	otor 1 John Neal Eiden Case number of the Case nu	(if known)
		Your expenses
_	Additional mortgage payments for your residence, such as home equity loans	5.
5. 6.	Utilities:	5.
٠.	6a. Electricity, heat, natural gas	6a. \$415.00
	6b. Water, sewer, garbage collection (Trash)	
	6c. Telephone, cell phone, Internet, satellite, and (See continuation sheet(s) for details)	
	cable services	<u> </u>
_	6d. Other. Specify:	6d.
7.		7. \$1,100.00
8.	Childcare and children's education costs	8.
9.	Clothing, laundry, and dry cleaning	9. \$40.00
10.	Personal care products and services	10. \$100.00
11.	•	11. \$120.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$120.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.
14.	Charitable contributions and religious donations	14.
15.	Insurance.	
	Do not include insurance deducted from your pay or included in lines 4 or 20.	
	15a. Life insurance	15a
	15b. Health insurance	15b
	15c. Vehicle insurance	15c. \$227.00
	15d. Other insurance. Specify:	15d
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Tax Repayment	16. \$140.00
17.	Installment or lease payments:	
	17a. Car payments for Vehicle 1	17a
	17b. Car payments for Vehicle 2	17b.
	17c. Other. Specify:	17c.
	17d. Other. Specify:	17d.
18.	Your payments of alimony, maintenance, and support that you did not report as	18.
	deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	
10	Other navments you make to support others who do not live with you	
19.	Other payments you make to support others who do not live with you. Specify:	19.

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	tor 1 tor 2	John Neal Eiden Wendi Kay Eiden	Case number (if known)				
20.		real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.					
	20a.	Mortgages on other property	20a.				
	20b.	Real estate taxes	20b.				
	20c.	Property, homeowner's, or renter's insurance	20c.				
	20d.	Maintenance, repair, and upkeep expenses	20d.				
	20e.	Homeowner's association or condominium dues	20e.				
21.	Other	. Specify:	21.	•			
22.	Calcu	alate your monthly expenses.					
	22a.	Add lines 4 through 21.	22a.	\$4,576.00			
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b.				
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c.	\$4,576.00			
23.	Calcu	slate your monthly net income.	_				
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$4,186.00			
	23b.	Copy your monthly expenses from line 22c above.	23b. -	\$4,576.00			
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c.	(\$390.00)			
24.	Do yo	ou expect an increase or decrease in your expenses within the year after you	ı file this form?				
	paym 	cample, do you expect to finish paying for your car loan within the year or do you can to increase or decrease because of a modification to the terms of your mortgat.					
	_	Ves. Explain here: None.					

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Deb	otor 1	John Neal Eiden		
Deb	otor 2	Wendi Kay Eiden	Case number (if know	m)
6c.		none, cell phone, Internet, satellite, and cable services (details):		
	Cell P	Phone		\$135.00
	Cable	e/internet		\$58.00
			Total:	\$193.00
7.	Food a	and housekeeping supplies (details):		
	Food			\$1,000.00
	House	ehold supplies		\$100.00
			Total:	\$1,100.00

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Fill in this inf	ormation to i	identify your case	:	
Debtor 1	John First Name	Neal Middle Name	Eiden Last Name	
Debtor 2	Wendi	Kay	Eiden	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court fo	or the: DISTRICT OF	MINNESOTA	
Case number (if known)				Check if this is a amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

P	art 1: Summarize Your Assets	
		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
	1a. Copy line 55, Total real estate, from Schedule A/B	\$270,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$52,128.06
	1c. Copy line 63, Total of all property on Schedule A/B	\$322,128.06
P	art 2: Summarize Your Liabilities	
		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$333,505.86
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$1,466.65
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+\$86,964.33
	Your total liabilities	\$421,936.84
F	art 3: Summarize Your Income and Expenses	
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$4,186.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$4,576.00

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	btor 1 btor 2	John Neal Eiden Wendi Kay Eiden	Case number (if known)	
I	Part 4:	Answer These Questions for Admini	istrative and Statistical Records	
6.	Are yo	u filing for bankruptcy under Chapters 7, 11, or	13?	
	□ No ☑ Ye	• • •	rm. Check this box and submit this form to the court with your	other schedules.
7.	What k	ind of debt do you have?		
	ك	• •	umer debts are those "incurred by an individual primarily for a primarily for	personal,
		our debts are not primarily consumer debts. Yo is form to the court with your other schedules.	ou have nothing to report on this part of the form. Check this b	oox and submit
8.		he Statement of Your Current Monthly Income: Form 122A-1 Line 11; OR, Form 122B Line 11; OI	, , ,	\$9,067.04
9.	Copy t	he following special categories of claims from F	Part 4. line 6 of Schedule E/F:	

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations. (Copy line 6a.)	\$0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$1,466.65
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	\$0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$0.00
9g. Total. Add lines 9a through 9f.	\$1,466.65

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Fill in this inf	ormation to iden				
Debtor 1	John First Name	Neal Middle Name	Eiden Last Name		
Debtor 2	Wendi	Kay	Eiden		
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court for the	DISTRICT OF MIN	INESOTA		
Case number					Check if this is
(if known)				_	amended filin

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is	NOT an attorney to help you fill out bankruptcy forms?
☑ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of perjury, I declare that I have	e read the summary and schedules filed with this declaration and that they are
true and correct.	
X /s/ John Neal Eiden	X /s/ Wendi Kay Eiden
John Neal Eiden, Debtor 1	Wendi Kay Eiden, Debtor 2
Date 10/11/2019	Date 10/11/2019
MM / DD / YYYY	MM / DD / YYYY

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Fill in this	information to	identify your case	:		
Debtor 1	John First Name	Neal Middle Name	Eiden Last Name		
Debtor 2 (Spouse, if fill	Wendi ing) First Name	Kay Middle Name	Eiden Last Name		
		or the: DISTRICT OF	MINNESOTA		
Case number (if known)	·			☐ Check if this is an amended filing	
Official Fo		l Affaire for lo	listalos da Pilias da	a Dawley and	0.444
Statemen	t of Financia	I Affairs for inc	lividuals Filing fo	r Bankruptcy	04/19
correct inform	ation. If more space		separate sheet to this for	ner, both are equally responsible for supplying m. On the top of any additional pages, write	
Part 1:	Give Details Ab	out Your Marital \$	Status and Where Yo	u Lived Before	
1. What is you Marrie ☐ Not m		status?			
2. During th	e last 3 years, have	you lived anywhere	other than where you live	now?	
✓ No ☐ Yes.	List all of the places	you lived in the last 3 y	vears. Do not include where	e you live now.	
		•	• .	n a community property state or territory? puisiana, Nevada, New Mexico, Puerto Rico, Texas,	

Washington, and Wisconsin.)

Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

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	tor 1 tor 2	John Neal Eiden Wendi Kay Eiden		Case nur	mber (if known)	
P	art 2:	Explain the Sources of	Your Income			
4.	Fill in the	u have any income from employ ne total amount of income you record re filing a joint case and you have so Fill in the details.	eived from all jobs and all bu	sinesses, including par	t-time activities.	alendar years?
	V 100	s. This is the detaile.	Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions
		rry 1 of the current year until u filed for bankruptcy:	Wages, commissions, bonuses, tips	\$83,629.73	Wages, commissions, bonuses, tips	\$0.00
			Operating a business		Operating a business	
		calendar year:	✓ Wages, commissions, bonuses, tips	\$129,726.00	Wages, commissions, bonuses, tips	\$6,842.00
(Jar	uary 1 to	December 31, 2018) YYYY	Operating a business		Operating a business	
		endar year before that:	₩ages, commissions, bonuses, tips	\$121,844.00	₩ Wages, commissions, bonuses, tips	\$1,796.00
(Jar	uary 1 to	December 31, 2017)	Operating a business		Operating a business	
5.	Include unempl and gar Debtor List eac	u receive any other income during income regardless of whether that oyment; and other public benefit publing and lottery winnings. If you 1. The source and the gross income from the source and the gross income from the source and the details.	at income is taxable. Example payments; pensions; rental in a are in a joint case and you	les of other income are accome; interest; dividend have income that you re	ds; money collected from la eceived together, list it only	awsuits; royalties;
	V 10.	s. This is doctard.	Debtor 1		Debtor 2	
			Sources of income Describe below.	Gross income from each source (before deductions and exclusions	Sources of income Describe below.	Gross income from each source (before deductions and exclusions
		ary 1 of the current year until u filed for bankruptcy:	Unemployment	\$2,868.00 		
		calendar year: December 31, 2018)				
		endar year before that: December 31, 2017) YYYYY				

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Debtor 1 Debtor 2		John Neal Eiden Wendi Kay Eiden Case number (if known)	
P	art 3:	List Certain Payments You Made Before You Filed for Bankruptcy	
_			_
6.		er Debtor 1's or Debtor 2's debts primarily consumer debts?	
	□ No.	Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."	
		During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?	
		☐ No. Go to line 7.	
		Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.	
		* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.	
	√ Yes	Debtor 1 or Debtor 2 or both have primarily consumer debts.	
		During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?	
		No. Go to line 7.	
		Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.	
7.	Insiders corporat agent, ir	year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; ons of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing cluding one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations child support and alimony.	
	✓ No ☐ Yes	List all payments to an insider.	
8.		year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that d an insider?	
	Include	payments on debts guaranteed or cosigned by an insider.	
	✓ No ☐ Yes	List all payments that benefited an insider.	
Р	art 4:	Identify Legal Actions, Repossessions, and Foreclosures	
9.	List all s	year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? uch matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody tions, and contract disputes.	
	✓ No ☐ Yes	Fill in the details.	

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	tor 1 tor 2	John Neal Eiden Wendi Kay Eiden	Case number (if known)
10.	seized,	1 year before you filed for bankruptcy, was any of your property reposs or levied? all that apply and fill in the details below.	essed, foreclosed, garnished, attached,
		Go to line 11. s. Fill in the information below.	
11.		90 days before you filed for bankruptcy, did any creditor, including a ba ts from your accounts or refuse to make a payment because you owed a	· · · · · · · · · · · · · · · · · · ·
	✓ No ☐ Yes	s. Fill in the details.	
12.		1 year before you filed for bankruptcy, was any of your property in the բrs, a court-appointed receiver, a custodian, or another official?	ossession of an assignee for the benefit of
	✓ No ☐ Yes	3	
Pá	art 5:	List Certain Gifts and Contributions	
13.	Within 2	2 years before you filed for bankruptcy, did you give any gifts with a tot	al value of more than \$600 per person?
13.	☑ No		al value of more than \$600 per person?
	✓ No ☐ Yes Within 2	2 years before you filed for bankruptcy, did you give any gifts with a tot	
	✓ No Yes Within 2 to any o	2 years before you filed for bankruptcy, did you give any gifts with a tot s. Fill in the details for each gift. 2 years before you filed for bankruptcy, did you give any gifts or contrib	
14.	✓ No Yes Within 2 to any o	2 years before you filed for bankruptcy, did you give any gifts with a tot s. Fill in the details for each gift. 2 years before you filed for bankruptcy, did you give any gifts or contrib charity?	
14. Pa	✓ No Yes Within 2 to any of No Yes ✓ No Wes Within 2	2 years before you filed for bankruptcy, did you give any gifts with a tot s. Fill in the details for each gift. 2 years before you filed for bankruptcy, did you give any gifts or contribcharity? s. Fill in the details for each gift or contribution.	utions with a total value of more than \$600

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Debtor Debtor					Case number (if l	known)	
Part	7: List C	ertain P	ayments or	Transfers			
ar	nyone you consciude any attorn	sulted abo	out seeking ba	ptcy, did you or anyone else acting nkruptcy or preparing a bankruptcy oreparers, or credit counseling agenc	petition?		•
Walke	r & Walker La Who Was Paid		es, PLLC	Description and value of any pro	perty transferred	Date payment or transfer was made	Amount of payment
4356 Number	Nicollet Ave S Street	0		-			\$350.00
Minne City	apolis	MN State	55409 ZIP Code				
Email or	website address			_			
Do <u>v</u> L 18. W	o not include and No Yes. Fill in th ithin 2 years be	y payment e details. efore you	t or transfer that	with your creditors or to make payn t you listed on line 16. uptcy, did you sell, trade, or otherw rse of your business or financial af	vise transfer any pro		er than
In	clude both outri	ght transfe	ers and transfer	s made as security (such as granting have already listed on this statement.	of a security interest	or mortgage on your p	roperty).
	No Yes. Fill in th	e details.					
	Hunter Eiden			Description and value of any property transferred	received or del	property or payments ots paid in exchange	Date transfer was made
Number	Who Received Trai	nster		1998 Mercedes 320 - -	could not be he had his pe	id for vehicle, but in his name while rmit only. It was nce son received	<u>August 2019</u>
City	's relationship to	State	ZIP Code	-			
19. W	ithin 10 years k ou are a benefic	pefore you	ı filed for bank	- cruptcy, did you transfer any prope n called asset-protection devices.)	rty to a self-settled t	rust or similar device	e of which

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	otor 1 otor 2	John Neal Eiden Wendi Kay Eiden Case number (if known)
Р	art 8:	List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units
20.	benefit, Include	I year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your closed, sold, moved, or transferred? checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage pension funds, cooperatives, associations, and other financial institutions.
	✓ No ☐ Yes	. Fill in the details.
21.	-	now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository urities, cash, or other valuables?
	✓ No ☐ Yes	s. Fill in the details.
22.	☑ No	ou stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Fill in the details.
P	art 9:	Identify Property You Hold or Control for Someone Else
23.	•	hold or control any property that someone else owns? Include any property you borrowed from, are storing for, in trust for someone.
	✓ No ☐ Yes	s. Fill in the details.
Р	art 10:	Give Details About Environmental Information
For	the purp	ose of Part 10, the following definitions apply:
	hazardoι	nental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of is or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, is statutes or regulations controlling the cleanup of these substances, wastes, or material.
		ns any location, facility, or property as defined under any environmental law, whether you now own, operate, or or used to own, operate, or utilize it, including disposal sites.
	_	us material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic e, hazardous material, pollutant, contaminant, or similar item.
Rep	oort all no	otices, releases, and proceedings that you know about, regardless of when they occurred.
24.	Has any law?	y governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental
	☑ No ☐ Yes	s. Fill in the details.
25.	☑ No	ou notified any governmental unit of any release of hazardous material? . Fill in the details.

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Debtor 1 Debtor 2	John Neal Eiden Wendi Kay Eiden		Case number (if known)		
26. Have yo orders.		icial or administrative proceeding under any e	environmental law? Include settlements and		
☑ No ☐ Yes	s. Fill in the details.				
Part 11:	Give Details About	Your Business or Connections to An	y Business		
27. Within a busines	•	or bankruptcy, did you own a business or have	e any of the following connections to any		
	A member of a limited liat A partner in a partnership An officer, director, or ma	mployed in a trade, profession, or other activity, epility company (LLC) or limited liability partnership naging executive of a corporation of the voting or equity securities of a corporation			
	None of the above applies Check all that apply above	s. Go to Part 12. ve and fill in the details below for each business.			
	the River, LLC	Describe the nature of the business coffee shop	Employer Identification number Do not include Social Security number or ITIN.		
Business Name	_		EIN:		
60 S Front St Number Street		Name of accountant or bookkeeper	Dates business existed		
			From itember 26, 21 To present		
Lansing	IA 52151 State ZIP Code				
all finar ☑ No	2 years before you filed for control institutions, creditors 5. Fill in the details below. Sign Below	or bankruptcy, did you give a financial stateme s, or other parties.	ent to anyone about your business? Include		
that answer	s are true and correct. I u	ment of Financial Affairs and any attachments inderstand that making a false statement, cond a bankruptcy case can result in fines up to \$25 , and 3571.	cealing property, or obtaining money or		
X /s/ John	Neal Eiden	X /s/ Wendi Kay Eiden			
John Nea	al Eiden, Debtor 1	Wendi Kay Eiden, Debtor 2			
Date	10/11/2019	Date			
Did you atta	ch additional pages to Yo	ur Statement of Financial Affairs for Individua	Is Filing for Bankruptcy (Official Form 107)?		
✓ No ☐ Yes					
Did you pay	or agree to pay someone	who is not an attorney to help you fill out bar	nkruptcy forms?		
✓ No	ime of person		Attach the Bankruptcy Petition Preparer's Notice,		

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Fill in this information to identify your case:				
Debtor 1	John	Neal	Eiden	
	First Name	Middle Name	Last Name	
Debtor 2	Wendi	Kay	Eiden	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court fo	or the: DISTRICT OF	MINNESOTA	
Case number				
(if known)				

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Hold Secured Claims

Homestead at 11927 230th St, Silver

Lake, MN 55381

1.	•	For any creditors that you listed in Part 1 of Schedule D: Creditors Who Hold Claims Secured by Property (Official Form 106D), fill in the information below.								
	Identify the cre	editor and the property that is collateral		at do you intend to do with the perty that secures a debt?		you claim the property exempt on Schedule C?				
	Creditor's name:	FreedomBank		Surrender the property. Retain the property and redeem it.		No Yes				
	Description of property securing debt:	Coffee on the River, LLC		Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:						
	Creditor's	Mr Cooper	1.71	Surrender the property	П	No				

Retain the property and redeem it.

Reaffirmation Agreement.

Retain the property and [explain]:

Retain the property and enter into a

name:

property

Description of

securing debt:

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Debtor 1 Debtor 2	John Neal E Wendi Kay			Cas	e number (if known)		
Part 2:	List Your	List Your Unexpired Personal Property Leases			· · · · · ·		
fill in the i	information belo	al property lease that you list w. Do not list real estate leas me an unexpired personal pro	es. Unexp	ired leases are leases	that are still in effec	ct; tl	ne lease period has not
Desc	ribe your unexp	ired personal property leases			,	Will	this lease be assumed?
	_	, , , , , , , , , , , , , , , , , , , ,	greemen	t			No Yes
		ry, I declare that I have indica is subject to an unexpired lea	•	ntion about any propo	erty of my estate tha	nt se	cures a debt and
	hn Neal Eiden leal Eiden. Debto			li Kay Eiden			
Date	10/11/2019 MM / DD / YYYY	_	Date 10	y Eiden, Debtor 2 /11/2019 // DD / YYYY			

ARstrat LLC 14141 Southwest Freeway Ste 300 Sugarland, TX 77478

Asset Discovery Corp 921 Mainstreet, Ste C Hopins MN 55343

Best Buy/CBNA PO Box 6497 Sioux Falls, SD 57117

Bremer Bank NA 80 S 8th St Suite 240 IDS Center Minneapolis, MN 55402 2113

Capital One Bankruptcy PO Box 30253 Salt Lake City UT 84130 3285

CareCredit/Synchrony Bank Attn Bankruptcy PO Box 965061 Orlando FL 32896-5061

Citi Cards - Sears PO Box 6286 Sioux Falls, SD 57117-6286

Credit One Bank PO Box 98873 Las Vegas NV 89193

Diana S Wilson-Thompson 901 North Front St Lansing, IA 52151 Diana Wilson Thompson 901 North Front St Lansing, IA 52151

FreedomBank 201 West Main Street PO Box 9 Waukon, IA 52172

G Kerndt \$ Bros, Inc. PO Box 370 Lansing, IA 52151

Gentle Dentistry-Central 4100 Shoreline Drive Suite 4 Spring Park, MN 55384

Hiway Federal Credit Union 111 Empire Drive St. Paul, MN 55103

Hutchinson Health 1095 Highway 15 S Hutchinson, MN 55350

Internal Revenue Service PO Box 7346 Philadelphia PA 19101-7346

Jason Brink 901 North Front St Lansing, IA 52151

Maurices-Capital One PO Box 30258 Salt Lake City UT 84130-0258

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Mayo Clinic LC-LL-B180 PFS 200 1st St SW Rochester MN 55905

MedCredit Financial Services PO Box 77037 Minneapolis MN 55480

Menards/Capital One PO Box 30257 Salt Lake City UT 84130

Minnesota Endoscopy Center LLC PO Box 14730 Minneapolis, MN 55414-0730

Minnesota Gastroenterology PA PO Box 14909 Minneapolis, MN 55414-0829

Mr. Cooper PO Box 619094 Dallas TX 75261-9741

Old Navy/Synchrony Bank Attn: Bankruptcy Dept. PO Box 965064 Orlando, FL 32896-5064

Professional Service Bureau Inc 911 Lund Blvd Suite 100 Anoka, MN 55303-0548

Synchrony Bank/JCP Attn: Bankruptcy Dept PO Box 965064 Orlando, FL 32896-5064

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TD Bank USA/Target Credit Card PO Box 1470 Minneapolis, MN

Walker & Walker Law Offices, PLLC 4356 Nicollet Ave So Minneapolis, MN 55409

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Fill in this inf	ormation to i	dentify your case	e:		box only as dired n Form 122A-1Su	
Debtor 1	John First Name	Neal Middle Name	Eiden Last Name			
					no presumption of abus	
Debtor 2 (Spouse, if filing)	Wendi First Name	Kay Middle Name	Eiden Last Name		lation to determine if a	
(Opodoc, ii iiiiig)	r not reamo	Wildio Hamo	Edot Hamo		applies will be made ur est Calculation (Official	
United States Ba	nkruptcy Court fo	or the: DISTRICT OF	MINNESOTA		ns Test does not apply	
Case number					ed military service but it	
(if known)				later.	•	
				Check if th	nis is an amended filing	ļ
Official Form	122A-1					
		f Your Current	Monthly Income			12
nformation applie are exempted fror nilitary service, c	es. On the top on mapresumption complete and file	f any additional page n of abuse because yo	sheet to this form. Include is, write your name and ca ou do not have primarily c tion from Presumption of	se number (if known onsumer debts or be). If you believe that y cause of qualifying	/ou
Part 1: Ca		Current Monthly I	Income			
. What is your	marital and filing	g status? Check one	only.			
☐ Not mar	ried. Fill out Colu	umn A, lines 2-11.				
_	and your spous	e is filing with you. F	Fill out both Columns A and	B, lines 2-11.		
	and your spous	e is NOT filing with y	ou. You and your spouse	are:		
Livi	ing in the same h	nousehold and are no	ot legally separated. Fill ou	t both Columns A and	B, lines 2-11.	
dec	lare under penalt	y of perjury that you ar	d. Fill out Column A, lines 2 nd your spouse are legally s as that do not include evading	eparated under nonba	inkruptcy law that appli	es or that you
bankruptcy c August 31. If in the result.	the amount of yo Do not include ar	§ 101(10A). For examour monthly income varing income amount mor	red from all sources, deriviple, if you are filing on Septiced during the 6 months, added than once. For example, have nothing to report for a	ember 15, the 6-mont Id the income for all 6 if both spouses own the	h period would be Marc months and divide the ne same rental property	h 1 through total by 6. Fi
				Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
					3 -1	
						
_	vages, salary, tip	os, bonuses, overtime	e, and commissions	\$8,469.54	\$0.00	-
(before all pay	yroll deductions). maintenance pa		e, and commissions de payments from a spouse		\$0.00	-

Official Form 122A-1

on line 3.

regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed

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	tor 1 tor 2	John Neal Eiden Wendi Kay Eiden			c	ase number (if k	nown)	
						Column A Debtor 1	Column B Debtor 2 or non-filing spous	е
5.	Net in	come from operating a busine	ess, profession, o	r farm				
			Debtor 1	Debtor 2				
	Gross deduc	receipts (before all ctions)	\$0.00	\$0.00				
	Ordina expen	ary and necessary operating —nses	\$0.00	\$0.00	Сору			
		onthly income from a business, ssion, or farm	\$0.00	\$0.00	here →	\$0.00	\$0.00	
6.	Net in	ncome from rental and other re	al property					
			Debtor 1	Debtor 2				
	Gross	receipts (before all ctions)	\$0.00	\$0.00				
	Ordina expen	ary and necessary operating — uses	\$0.00	\$0.00	Сору			
		onthly income from rental or real property	\$0.00	\$0.00	here →	\$0.00	\$0.00	
7.	Intere	est, dividends, and royalties				\$0.00	\$0.00	
8.	Unem	ployment compensation				\$597.50	\$0.00	
		t enter the amount if you conten it under the Social Security Act.						
	Fo	r you		50.0	00			
	Fo	r your spouse		\$0.0	00_			
9.		on or retirement income. Do r benefit under the Social Securit	•	ount received that		\$0.00	\$0.00	
10.	amour or pay or inte	ne from all other sources not lint. Do not include any benefits of the properties of a victim of a semational or domestic terrorism. ate page and put the total below	received under the war crime, a crime If necessary, list of	Social Security A	ct ,			
11.	Calcu	amounts from separate pages, it	/ income.		 + [+	
		nes 2 through 10 for each colum add the total for Column A to the		3.		\$9,067.04	+ \$0.00	= \$9,067.04 Total current monthly income

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	ebtor 1 John Neal Eiden ebtor 2 Wendi Kay Eiden		Case number (if known)		
P	art 2:	Determine Whether the Means T	est Applies to You		
12.	Calcu	late your current monthly income for the ye	ear. Follow these steps:		
	12a.	Copy your total current monthly income from	line 11	Copy line 11 here > 12a. \$9,067.04	
		Multiply by 12 (the number of months in a year	ar).	X 12	
	12b.	The result is your annual income for this part	of the form.	12b. \$108,804.48	
13.	Calcu	late the median family income that applies	to you. Follow these steps:		
	Fill in	the state in which you live.	Minnesota		
	Fill in	the number of people in your household.	5		
	Fill in	the median family income for your state and s	ize of household	13. \$120,878.00	
	To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.				
14.	How	do the lines compare?			
	14a.	Line 12b is less than or equal to line 13. Go to Part 3.	On the top of page 1, check b	oox 1, There is no presumption of abuse.	
	14b.	Line 12b is more than line 13. On the to Go to Part 3 and fill out Form 122A-2.	op of page 1, check box 2, The	presumption of abuse is determined by Form 122A-2.	
P	art 3:	Sign Below			
	By s	signing here, I declare under penalty of perjury	that the information on this sta	tement and in any attachments is true and correct.	
	V /	s/ John Neal Eiden	V /c/W	landi Kay Eidan	
		John Neal Eiden, Debtor 1		di Kay Eiden Di Kay Eiden, Debtor 2	
	[Date 10/11/2019 MM / DD / YYYY	Date	10/11/2019 MM / DD / YYYY	

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

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Local Form 1007-1 REVISED 06/16

UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA

		DIGITATO OF WINNING	
In re John Neal E Wendi Kay E		Ca	ase No.
	Debtor(s).		
	DISCLOSURE O	F COMPENSATION OF ATTORNEY	FOR DEBTOR
the above-na petition in ba	amed debtor(s) and the nkruptcy, or agreed t	29(a) and Fed. Bankr. P. 2016(b), I contains a compensation paid to me within contains being to me, for services rendered for in connection with the bankruptons.	one year before the filing of the ed or to be rendered on behalf
For legal ser	vices, I have agreed	to accept:	. \$1,565.00
Prior to the f	iling of this statemen	t I have received:	. \$350.00
Balance Due	e		. \$1,215.00
2. The s	source of the comper	nsation paid to me was:	
\checkmark	Debtor	Other (specify)	
3. The s	source of compensat	ion to be paid to me is:	
	Debtor	Other (specify) Luanne Kucera 22829 Jet Ave Silver Lake, MN 55381	
4.	_	to share the above-disclosed comper and associates of my law firm.	nsation with any other person unless
	who are not memb	nare the above-disclosed compensati ers or associates of my law firm. A c mes of the people or entities sharing	opy of the agreement, together

attached.

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- 5. In return for the above-disclosed fee, together with such further fee, if any, as is provided in the written contract required by 11 U.S.C. §528(a)(1), I have agreed to render legal service for all aspects of the bankruptcy case, including:
 - A. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - B. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
 - C. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - D. Representation of the debtor in contested bankruptcy matters; and
 - E. Other services reasonably necessary to represent the debtor(s).
- 6. Pursuant to Local Rules 1007-1 and 1007-3-1, I have advised the debtor of the requirements in the Statement of Financial Affairs to disclose all payments made, or property transferred, by or on behalf of the debtor to any person, including attorneys, for consultation concerning debt consolidation or reorganization, relief under bankruptcy law, or preparation of a petition in bankruptcy. I have reviewed the debtor's disclosures and they are accurate and complete to the best of my knowledge.

CERTIFICATION

I certify that the foregoing, together with the written contract required by 11 U.S.C. §528(a)(1), is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy case.

Date: October 11, 2019	Signature of Attorney
	/s/ Andrew C. Walker